

**Understanding women's lived experiences of intimate
partner violence in a non-profit organisation in
Johannesburg, South Africa**

by

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Declaration

I declare that “UNDERSTANDING WOMEN’S LIVED EXPERIENCES OF INTIMATE PARTNER VIOLENCE IN A NON-PROFIT ORGANISATION AT JOHANNESBURG, SOUTH AFRICA” is my own work and all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

BONGIWE BAM

DATE

Acknowledgements and dedication

Firstly, I would like to thank the Almighty God for His blessings, I know it could only be through the grace of God that I got to complete this dissertation. All glory and honour belongs to Him.

To my supervisor, Ms Long, thank you for your unwavering guidance from that first draft of research outline of choosing a study on violence against women that was full of errors to this completed dissertation document, I am truly grateful for your guidance, patience, sharing your knowledge and academic moulding. Thank you!

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To my late brother, I may never understand what went through your mind in those last hours of your life but I wish you spoke out about your pain. I dedicate this study about intimate partner violence to you for I know this was your lived experience. May your soul rest in eternal peace, I will forever love you Thole.

To the participants who made this study possible, I am forever grateful for entrusting me with your painful lived experiences. I pray that God may heal your pain and give you strength to navigate life. You are survivors and not victims of your circumstances.

Abstract

Research about intimate partner violence (hereafter IPV) in South Africa indicate that there are high prevalence rates. The negative effects of this phenomenon create a wide range of physical, mental and emotional problems for those exposed to it. There have been various intervention programmes designed to address IPV. However, the high incidence indicates that these have been ineffective. Seeking to explore women's lived experiences of IPV at a non-profit organisation, this study gathered data from women with experiences of IPV. Eight participants were selected based on purposive sampling technique from a non-profit organization in Johannesburg. Utilizing semi-structured interviews conducted in English for a duration of one hour, data was gathered from the participants. Using IPA and the ecological model as a theoretical framework to interpret the women's lived experiences. The findings of the study indicated that individual factors such as childhood exposure to violence influenced the women's lived experiences of IPV. Stereotypical gender roles and economic strains were found to be at the core of the women's lived experiences of IPV. Furthermore, broader societal values and beliefs about violence proved to validate and normalise the violence women experienced. The findings broaden our understanding of intimate partner violence and offer an opportunity to add knowledge of intimate partner violence in the South African context.

Keywords: intimate partner violence, ecological model, feminist theory, interpretative phenomenological analysis.

Isicatshulwa

Uphando malunga nobundlobongela obenziwa liqabane othandana nalo (apha okubizwa ngokuba yi-IPV) eMzantsi Afrika lubonakalisa ukuba bukwizinga eliphezulu. Iziphumo ezibi zesi senzeko zidala iingxaki ezahluhlukeneyo ngokwasemzimbeni, ngokwasengqondweni nangokwasemphefumleni kwabo basesichengeni sazo. Iinkqubo zongenelelo ezahluhlukeneyo ziye zayilelwa ukuhlangabezana neIPV. Nangona kunjalo, izehlo eziphezulu zibonakalisa ukuba azikhange zisebenze. Ngokufuna ukuphonononga iimeko amabhinqa aphila phantsi kwazo zeIPV kwiqumrhu elingenzi nzuzo, olu phononongo luqokelele idatha kumabhinqa aphila phantsi kweemeko zeIPV. Abathabathinxaxheba abasibhozo bakhethwa kwiqumrhu elingenzi nzuzo eGoli ngokusekelwe kubuchule bokusampula okunenjongo. Kusetyenziswa udliwanondlebe olwakheke ngokwesiqingatha olwaqhutywa ngesiNgesi ngesithuba seyure enye, idatha yaye yaqokelelwa kubathabathinxaxheba. Uhlalutyo lwamava emoyesenzeko umntu aphila phantsi kwaso (i-IPA) kunye nemodeli yonxibelelwano phakathi koluntu nemekobume yalo zasetyenziswa njengenkubosikhokelo sethiyori ukutolika iimeko amabhinqa aphila phantsi kwazo. Iziphumo zophononongo zabonakalisa ukuba iimeko ezizodwa ezinje ngokuba sesichengeni sobundlobongela ebuntwaneni ziphembelele iimeko amabhinqa aphila phantsi kwazo zeIPV. Iindima zobuni zeengcinga ezisoloko zisetyenziswa njalo kunye nengxaki yezoqoqosho zafumaniseka zingoyena ndoqo weemeko amabhinqa aphila phantsi kwazo ngokuphathelele kwi-IPV. Kwakhona, imikhwa esulungekileyo yoluntu ngokubanzi kunye neenkolelo malunga nobundlobongela zibonakalise ukwamkela nokubenza bube yinto eqhelekileyo ubundlobongela obuthe behlela amabhinqa. Iziphumo zenza siqonde ngokungaphaya ngeIPV kwaye zinika ithuba lokongeza ulwazi ngeIPV kwimeko yaseMzantsi Afrika.

Amagama angundoqo: ubundlobongela obenziwa liqabane othandana nalo, imodeli yonxibelelwano phakathi koluntu nemekobume yalo, ithiyori yobutshantliziyo bokulwela amalungelo abafazi, uhlalutyo lwamava emoyesenzeko umntu aphila phantsi kwaso, iinkolelo zasekuhlaleni.

Kafushane ngocwaningo

Ucwaningo mayelana nodlame lwezithandani (emva kwalokhu oluzobizwa nge-IPV) eNingizimu Afrika lukhombisa ukuphakama okukhulu kwamazinga okwanda nokusabalala kwalolu hlobo lodlame kuleli. Imithelela engemihle neze yalolu dlame idala izinkinga eziningi impela kulabo abazithola bebhokene nalolu dlame, okungaba yizinkinga zomzimba, zengqondo kanye nezomphefumulo. Ziningi izinhlelo zokungenelela ezisunguliwe njengomzamo wokuqeda isihlava se-IPV. Kepha-ke, ukubhebhetheka nokusabalala kakhulu kwezigameko zalolu dlame kubonisa ukuthi azisebenzi neze kahle lezi zinhlelo zokungenelela. Lolu cwaningo lwaqoqa idatha kwabesifazane abake bahlangabezana ne-IPV, ngenhloso yokucubungula nokuhlaziya ngokujulile izigameko abadlule kuzona abesifazane abayizisulu ze-IPV abathola usizo enhlanganweni engenzi nzuzo. Ababambiqhaza abayisishiyagalombili abavela enhlanganweni engenzi nzuzo eGoli bakhethwa ngokulandela indlela yokukhetha ababambiqhaza ngokwezici-bunjalo zabo ezihambelana nezinhloso zocwaningo. Idatha yaqoqwa kubabambiqhaza ngokusebenzisa izingxoxo ezingama-*semi-structured interviews* ezabanjwa ngolimi lwesiNgesi isikhathi esiyihora. Kwasetshenziswa i-*interpretative phenomenological analysis* (IPA) kanye ne-*ecological model* njengohlaka lwethiyori yokuhumusha izigameko abadlule kuzona abesifazane ezimpilweni zabo. Imiphumela-ngqangi yocwaningo yakhombisa ukuthi izimo eziqondene nomuntu ngamunye, njengokuhlangabezana komuntu nodlame ngenkathi eseyingane, kwaba nomthelela kwindlela abesifazane abahlangabezana ngayo nezigameko ze-IPV nezinyathelo abazithathayo kanye nolwazi abaluzuzayo kulokhu. Amaqhaza kanye nemisebenzi ethathwa njengemisebenzi yabesifazane kuphela kanye nezimo zomnotho ezinzima ababhekene nazo abesifazane kwaba nomthelela kwindlela abahlangabezana ngayo nezigameko ze-IPV kanye nezinyathelo abazithathayo. Ngaphezu kwalokho, izimompilo kanye nezinkolelo zomphakathi wonkana eziphathelene nodlame zabonisa ukugunyazeka ngandlelathize kodlame abahlangabezane nalo abesifazane futhi ngokunjalo zalwenza lwaba yinto ethathwa njengejwayelekile. Imiphumela-ngqangi yocwaningo ikhulisa ukuqonda kwethu i-IPV futhi ihlinzeka ngethuba lokwengeza olwazini lwe-IPV oluqondene nesimo saseNingizimu Afrika.

Amagama asemqoka: udlame lwezithandani, *ecological model*, ithiyori ecubungula ukungalingani ngokobulili kanye namandla phakathi kwabesilisa nabesifazane (*feminist theory*), *interpretative phenomenological analysis*, izinkolelo zomphakathi.

Contents

Declaration.....	i
Acknowledgements and dedication.....	ii
Abstract.....	iii
Isicatshulwa.....	iv
Kafushane ngocwaningo.....	v
Chapter 1: Orientation to the research problem.....	1
1.1 Introduction to the study.....	1
1.2 History of IPV in South Africa.....	2
1.3 The problem statement.....	3
1.4 The purpose of the study.....	4
1.5 The research questions.....	4
1.6 The research objectives.....	5
1.7 Defining the terms.....	5
1.8 Outline of chapters.....	7
Chapter 2: The review of literature.....	7
2.1 Individual factors on IPV.....	8
2.1.1 Childhood experiences of violence.....	8
2.1.2 The role of education on women's risk of IPV.....	11
2.1.3 Effects of employment on IPV.....	12
2.1.4 Partner's alcohol (ab) use as a factor in IPV.....	14
2.2 The influence of interpersonal factors on IPV.....	17
2.2.1 The effects of power dynamics in the relationship.....	17
2.2.2 Couple conflict as a risk predictor of IPV.....	19
2.2.3 Coping mechanisms or resilience?.....	21
2.3 The influence of community factors on IPV.....	22
2.3.1 Economic challenges as risk factor for IPV.....	22
2.3.2 How do neighbourhood characteristics shape IPV experiences?.....	25
2.4 The impact of societal factors on IPV.....	27
2.4.1 The impact of general attitudes and accepted norms about violence on IPV.....	29

Understanding women's lived experiences of IPV

2.4.2.	Patriarchy as a societal institution of partner aggression	31
2.4.3.	Religious beliefs and IPV	33
2.4.4.	Laws and policies against IPV	34
2.4.5.	Health professional's attitudes about IPV	36
2.5.	Summary	38
Chapter 3: Theoretical framework: Linking feminism with the ecological model		39
3.1.	The theoretical framework	40
3.1.1.	The feminist theory	40
3.1.2.	The ecological model	42
3.2.	Linking feminism and ecological model	44
3.3.	Summary	46
Chapter 4: Methodology		46
4.1.	Research design	47
4.2.	The interpretive research paradigm	47
4.3.	Sampling	49
4.3.1.	Purposive Sampling	49
4.4	Recruiting the participants	50
4.5	Data collection procedures	51
4.6	Data analysis procedures	53
4.7	Reflexivity	56
4.8	Ethical considerations	57
4.8.1.	Informed consent	58
4.8.2.	Anonymity and confidentiality	58
4.8.3	Beneficence	59
4.8.4.	Avoidance of harm to participants	59
4.8.5.	Respect	59
4.9	Measures of trustworthiness	60
4.9.1.	Credibility	60
4.9.2.	Dependability	61
4.9.3.	Conformability	61
4.10	Summary	62
Chapter 5: Findings and their discussion		632
5.1.	Introducing the participants	632
5.2.	Findings and discussion	66
5.2.1.	Experiences of IPV on the individual	66
5.2.2.	The influence of couple dynamics on women's IPV experiences	72

Understanding women's lived experiences of IPV

5.2.3. The impact of social and physical environment on the women's experiences of IPV.....	79
5.2.3.1. <i>The impact of availability of social networks to IPV experiences</i>	79
5.2.3.2. <i>Societal norms on violence mediate experiences of IPV</i>	82
5.2.3.3. <i>The role of formal resources: The implications of their help on women's experiences of IPV</i>	84
5.2.4. IPV as a result of institutionalised structures	88
5.3. Summary	95
Chapter 6: Concluding the enquiry	95
6.1. Overview of the study	95
6.2. Summarising the major findings	95
6.3. Recommendations related to the study	96
6.3.1. At individual level.....	97
6.3.2. The interpersonal level	98
6.3.3. The community level.....	99
6.3.4. The societal level.....	100
6.4. Limitations.....	102
References	103
Appendices.....	129
Appendix A: Letter for permission to conduct a research study	131
Appendix B: Informed consent form	132
Appendix C: Interview Schedule	133
Appendix D: The table of master themes	134
Appendix E: Ethical clearance certificate.....	133

Chapter 1: Orientation to the research problem

1.1 Introduction to the study

Intimate partner violence (IPV) is one of the most widespread public health challenges that is faced by women in our lifetime. IPV entails behaviours with the main objective being to use power, control and harm to the intimate partner (Prospero, 2008; Lopes, 2016). The effects of IPV may be so severe that a woman may end up feeling helpless to leave the relationship thus not acting against it and suffering multiple life-altering consequences (Kubeka, 2008; Lopes, 2016). The sense of loss-of-control and powerlessness brought by IPV leads to a range of difficulties and effects (Goodman, Fauci, Sullivan, DiGiovanni & Wilson, 2016). These effects and negative health outcomes may manifest immediately or long after the experience ceases (Bonomi et.al, 2006). The effects include amongst others, gynaecological complications, sexually transmitted infections, chronic mental illnesses, poor general health, substance abuse, and the worst result being fatality (Loxton, Dolta-Gore, Anderson & Townsend, 2017; Taylor, 2011). The effects of IPV may affect women's work productivity thus earnings and also compromise their chances of being employed in future therefore resulting to economic burden (James-Hawkins, Salazar, Hennink, Ha & Yount, 2016).

Unfortunately, South Africa is not spared from this phenomenon. It is estimated that in South Africa, IPV occurs in as much as 60% of marital relationships (Britton, 2006). Langa-Mlambo and Pillay (2014) note that even though currently there are no trustworthy recorded national rates for IPV in South Africa, the best population estimates identified a lifetime prevalence of physical IPV of 25%. Furthermore, there are more chances for a South African woman to be killed by someone close than a stranger (Notthingling-Slabbert, 2006; Sprague, Hatcher, Woollett & Black, 2017).

Many theoretical frameworks have been used to understand interpersonal violence and its causes. According to the *ecological model* in explaining violence, different factors interact to cause and maintain violent behaviour (Bronfenbrenner, 1986). The *strain theory* posits that social strains in relationships produce frustrations that cause some people to react with violence (Lawson, 2012). According to this theory, strains such as poverty and unemployment lead to some people acting violently against their intimate partners. The *resource theory* contends that people whose power base is under threat by a shortfall of resources such as income, education and employment are at an elevated risk of perpetrating IPV trying to re-establish their power (Cao, Yang, Wang & Zhang, 2014). Whereas, *feminist*

theorists argue that violence against women is due to male domination over women (Dobash & Dobash, 1979). These theories shed light on the complexity of partner violence by offering potential ways to tackle this issue. Literature has focussed on the risk factors, prevalence, effects, as well as attitudes associated with IPV experiences for women (Gibbs et al., 2017; Hayes & Boyd, 2017; Memiah et al., 2018). Yet, much is still unknown about how different factors may interact in facilitating women's exposure to IPV. This has led to a gap in our overall understanding of IPV thus rendering interventions against this type of violence ineffective. The high rates of IPV suggest that prevention strategies are not as effective as they should be. This study envisioned that incorporating the voices of those who have experienced IPV would assist in strengthening prevention programs and policies against IPV.

1.2. History of IPV in South Africa

Feminists are ground-breakers in advancing consciousness about gender-based violence. The objective of feminism is to eliminate the injustices that are faced by women (Currie & Kazi, 1987). The feminist perspective is rooted on the belief that IPV is a consequence of patriarchy and male dominance over women (Lysova, 2016). Rooted in Western political activism around the 1970's, feminist theory drew attention to the plight of women and transformed public awareness about gender-based violence. Lawson (2012) contends that in attempting to understand the problem of IPV, we need to realise that at the core of this phenomenon are gender issues. As such, this means gender relations must be acknowledged in analysing IPV. It is evident that IPV is a world-wide challenge not limited by class nor race with rates ranging from 15 % to 71 % (Gass, Stein, Williams & Seedat, 2010). However, in South Africa, feminism that ignores the centrality of race runs the risk of making it invisible due to the history of racial marginalization in this country (De la Rey, 1997).

Historically, there was no legislation in the South African laws that covered domestic violence. Until 1998, IPV was treated as a private family matter that did not permit outsiders to intervene (Mkhonto, Sengane & Havenga, 2014). IPV was regarded as a separate crime when the government of the Republic of South Africa approved and implemented the Domestic Violence Act (Act 116 of 1998) in 1999 to help fight and eradicate IPV (van der Hoven, 2001). The positive effects of this recognition is evident from previously labelling IPV as a private matter to regarding it as a punishable criminal offence (Mpondo, Ruiter, van den Borne & Reddy, 2016). However, the public still widely regard domestic issues as matters that should be resolved within the family. This results in societal acceptance and

normalization of domestic violence which may deter successful reporting of IPV (Graaff & Heinecken, 2017). This is reflected in how underreported IPV is in South Africa with many women tending to withdraw reported cases (Birdsey & Snowball, 2013). However, Vettel (2014) reported that between the year 2008 and 2009, a higher rate of women reported IPV experiences in academic research as compared to rates reported to police in Gauteng Province (Vettel, 2014). This shows that the survivors of IPV still do not report their experiences to law enforcement.

South Africa not only has one of the best Constitutions that protect human rights; it also has various strategies and legislation that have been implemented such as Domestic Violence Act (No.116 of 1998) and the Gender Equity Bill (2000) to address gender-based violence such as IPV (Meyiwa, Williamson, Maseti & Ntabanyane, 2017). Despite this, South Africa is rated amongst leading countries facing the issue of IPV worldwide (van Schalkwyk, Boonzaier & Gobodo-Madikizela, 2014). Violence can be traced back to South Africa's past of Apartheid where it was used to dominate and oppress people (Collins, 2013). The normalisation of violence during Apartheid potentially created a situation where violence was regarded as acceptable and has feed into attitudes of hyper masculinity that inspire men to adopt and support aggression and gender inequality (Graff & Heinecken, 2017). The results of years of Apartheid state-sponsored violence and resultant public uprisings is that many men learnt that one of the tools to resolve conflict in different settings is to use violence as means to assert control. Mubangizi (2008) argues that in the past, disregard of human rights, entrenched racism and denial of access to resources was the order of the day in South Africa. Thus, political violence may have ignited and still has a strong relationship with IPV (Sousa, Yacoubian, Fischette & Haj-Yahia, 2018). IPV is seen to mirror the male-controlled arrangement of society as men are primarily the majority of perpetrators who use violence, creating a dominating role in the relationship (Govender, 2015).

1.3. The problem statement

IPV is commonly referred to as partner aggression, domestic abuse or gender-based violence and is considered to be a worldwide public health issue. IPV results in a wide range of physical, emotional and sexual problems for those exposed, which may be both short and long term thus affecting society as a whole. Associated with a range of negative health effects which leads to increased use of medical services, exposure to IPV may lead to dependency in government health resources which may ultimately burden the country's economy (Woollett

& Hatcher, 2016). Lucero, Lim and Santiago (2016) argue that because of the relationship between IPV and economic distress, victimization may lead to an increased dependence on government welfare benefits. In addition, IPV tends to negatively affect women's employment opportunities and maintenance which may affect the country's economic growth (Yeweke et al., 2017). Although IPV is a universal concern, estimated rates vary across countries with African rates ranging between 30 % and 37% (Allen & Ni Raghallaigh, 2013; Marais et al., 2018). In South Africa, 25% of women are estimated to experience abuse in their lifetime (Abuya, Onsomu, Moore & Piper, 2012; van Niekerk & Boonzaier, 2016). As a developing country, South Africa has many challenges including general crime which have been identified as one of the risks for IPV. IPV is the main cause of physical injuries in women and has severe psychological implications for women and their young children (Christofides & Jewkes, 2010). This suggests that there is an urgent need to understand the impact and extent of this kind of violence to plan for more effective interventions.

Larkin and Thompson (2011) suggest that to understand social issues, there is a need to understand the experiences of the people exposed to such issues. Exploring women's lived experiences of IPV will, therefore, assist our understanding of IPV. Literature has mostly focussed on the risks as well as the effects of IPV but none focus on how different factors at personal as well as societal factors interact in facilitating women's lived experiences of IPV. Therefore, studying women's lived experiences of IPV will not only provide insight about this issue but it will also bring opportunities for strengthening prevention programmes, policies and effective interventions regarding this issue. It was the researcher's hope that the study will contribute towards the implementation of effective preventions and interventions for IPV. The study also served as a chance for women to talk about their experiences of IPV which will add to the broad knowledge about this challenge.

1.4. The purpose of the study

The purpose of the study was to explore women's lived experiences of IPV at a non-profit organization in Johannesburg, South Africa. The non-profit organization was chosen as a convenient place to conduct this study as the population of women with lived experiences of IPV temporarily reside there.

1.5. The research questions

What are the lived experiences of intimate partner violence (IPV) of women at a non-profit organisation in the city of Johannesburg, South Africa?

Understanding women's lived experiences of IPV

Sub-questions: 1. What are the factors in the society and at a personal level that facilitate women's exposure to IPV?

2. What are the interpersonal factors in the relationship that promote risk of IPV for women?

3. What are the coping mechanisms of women who experience IPV?

4. What are the structures or facilities that IPV victims seek recourse from, and in what ways do they promote (or not) disclosure of IPV by the survivors?

1.6. The research objectives

The main objective of the study is to understand the lived experiences of IPV among women.

- The study also explores factors both at a personal and societal level that led to disclosing IPV experiences also the support structures the women had available and utilised during their experiences are explored.
- The study explored the communication interactions between the women and their partners that led to IPV.
- The final objective is to understand how the women coped through the ordeal of IPV.

1.7. Defining the terms

Intimate partner violence (IPV) is outlined as conduct that includes acts of assault, compulsion or mental and economic denial directed at an intimate partner with the aim to cause hurt, shame and arbitrary withdrawal of liberty to maintain subservience (Heise, Ellsberg & Gottmoeller, 2002). Ali and Naylor (2013) define IPV as utilising sexual, psychological as well as physical acts against an intimate partner. IPV is defined by the World Health Organization (WHO) as acts of physical aggression, sexual coercion, psychological manipulation and controlling behaviours within an intimate relationship that causes physical, sexual and psychological harm (Fidan & Buil, 2016). Different authors use terms like intimate partner violence, partner aggression, interpersonal violence, domestic violence as well as gender-based violence interchangeably. For the purpose of this study, IPV covers any acts that include physical, psychological, economic as well as sexual compulsion on an intimate partner.

Non-profit organisation is defined in terms of section 1 of the NPO Act 71 of 1997 as a trust, company or any other association of persons established for a public purpose and of which its income and property are not distributable to its members or office bearers except as reasonable compensation for services rendered (Act 71 of 1997).

Lived experiences – for the purpose of this study, lived experiences are factors facilitating perpetration of IPV on women, coping mechanisms of the victims, and institutions or facilities in the society that promote (or not) disclosure of IPV by victims.

1.8. Outline of chapters

Chapter two: Review of literature presents existing literature on IPV in thematic attributes of the ecological framework with the aim of identifying gaps in this section. The thematic attributes of the ecological model framework are used to structure the literature that is reviewed. This entails reviewing literature on IPV in relation to four broad thematic areas namely, the individual, interpersonal, community and societal factors.

Chapter three: Theoretical framework discusses the theoretical structure embraced in the enquiry. The section outlines how the study is embedded within an interpretative research paradigm and employs the feminist theory and the ecological model as theoretical frameworks. Firstly, the roots of feminist theory are discussed and reasons for adopting this theory are provided. Thereafter, the ecological model in understanding IPV is discussed. The two are then linked and justifications for the choice of these theories and how the two link are explained.

Chapter four: Research design and methodology covers the methods that were adopted in the design of the study. Firstly the paradigm that guides the study is explained, followed by the design of the study. The choices for the methods that guided this study are justified in this chapter. Ethical decisions guiding the study are explained as well as the analysis methods followed in analysing the collected data.

Chapter five: Research findings and discussion of results is outlined and discussed in accordance with the ecological theoretical model as well as feminist theory. The findings are based on the voice-to-text data collected with the participants through individual, one-on-one semi-structured interviews that were later analysed using interpretative phenomenological analysis (IPA).

Chapter six: Recommendations and conclusion. A comprehensive summary of the entire study is presented by drawing conclusions from the findings. Firstly, the overview of the study is revisited, followed by a summary of the research findings. Recommendations for future studies are presented. Limitations encountered are mentioned and conclusions are drawn.

Chapter 2: The review of literature

Presented in this section is a synthesis of global as well as local studies conducted on IPV. IPV is not only a violation of human rights but poses as a worldwide public health problem that has no racial, ethnic nor class boundaries (Memiah et al., 2018). IPV is a public health issue as it not only affects individuals but its implications affect society at large. In South Africa, the prevalence of IPV victimization is significantly greater in women as compared to men (Gass et al., 2010). Dim and Elabor-Idemudia (2018) argue that in such instances where women have been found to perpetrate IPV, that was generally due to self-defence or fear. As indicated earlier, IPV has a range of negative effects including eating disorders, mental health challenges, suicide ideation and gynaecological complications (Lamis, Leenaars, Jahn & Lester, 2013; Loxton et al., 2017; Woollett & Hatcher, 2016; Rees et al., 2014; Wong & Chang, 2016). It is critical that IPV is studied and better understood to be able to overcome this challenge. IPV is a multifaceted phenomenon and understanding all the factors involved in its causation and maintenance will help shed a better light about this phenomenon. The study was conducted to understand lived experiences of IPV amongst women.

In this chapter, thematic attributes of the ecological model framework are used to structure the literature reviewed. This entails reviewing the literature on IPV in relation to four broad thematic areas: the individual, interpersonal, community as well as broad societal factors. Firstly, individual factors are explored to understand how they place women at risk of IPV. Secondly, interpersonal factors such as power relations in the intimate relationship are explored to understand how they facilitate and contribute to IPV. Thirdly, community factors are focussed on to understand how they exert influence on intimate relationships. Lastly, the societal factors are reviewed to understand how these shape women's lived experiences of IPV.

2.1. Individual factors on IPV

This section covers individual factors that are believed to influence the chance of victimisation on IPV. The idea is that everyone brings attitudes, skills, previous experiences and values to the intimate relationship. In turn, these influence how the intimate partners relate to each other. The individual factors from the perspective of the survivor of IPV are covered in this section and these include the childhood experiences of violence in the family of birth, the role of educational attainment level, employment as well as the role of alcohol use by one or both partners. Yan and Karatzias (2016) report that witnessing interparental violence as a child increases the chances of reporting IPV in adulthood.

2.1.1 Childhood experiences of violence

Family of origin is where most behaviours are learnt and moulded which later influence attitudes of the individual. Social learning theory posits that through learning by observing, exposure to violence provides a child with schemas that structure individuals' beliefs that normalise violence in intimate relationships (Powers, Cochran, Maskaly & Sellers, 2017). Children learn by observing parents and then model that behaviour. When children witness parental violence, they acquire the belief that violence is an effective and suitable way of solving conflict. Growing up in a climate characterised by hostility may have a negative influence on the developing child (Huth-Bocks, Levendosky & Semel, 2001; Jewkes, 2002). Henke and Hsu (2017) argue that for children, witnessing interparental violence increases the likelihood of imitation or accepting those behaviours well into adulthood. Effects of exposure to interparental IPV have been found to have negative effects well into adulthood IPV (Howell, Barnes, Miller & Graham-Bermann, 2016). For instance, Yount and Krause (2017) conducted a study in Hao district, Vietnam with a probability sample of 532 women aged 18-80 years to examine help-seeking attitudes when faced with IPV experiences. These authors found that women who had observed physical IPV as children had less favourable attitudes to seek help when facing IPV. This view is supported by Franklin and Kercher (2012) who found a significant relationship between receiving punishment during childhood and increased odds of IPV victimization in adulthood. These studies utilised quantitative methods in gathering information to understand the influence of family of origin exposure to violence thus providing statistical data to describe cause and effect of exposure to violence in childhood. This current study was based on a qualitative analysis in investigating to gain

Understanding women's lived experiences of IPV

insight as to how exposure to violence in childhood shaped women's lived experiences to IPV. This is important to help to understand the background of the women.

Eriksson and Mazerolle (2015), conducted a study aiming to examine the effects of experiences of abuse in childhood and witnessing violence between parents on IPV perpetration among a sample of 303 male arrestees in the state of Nebraska, United States of America. Their findings discovered that witnessing violence between parents was linked with an almost three times greater chance of committing IPV. These authors also found that being disciplined through beatings as a child elevated the probability of being abused by an intimate partner in adulthood. Also, Assaad, Friedemann-Sanchez and Levison (2017) reported that witnessing parental violence had a negative association with children's educational outcomes. This suggests that children who are physically punished may translate physical violence as acceptable and this may affect other aspects of their lives. Yet, focusing on childhood exposure to violence cannot be inferred to be the only threat for IPV hence the current study explored how different factors interact as a risk for IPV.

A history of childhood adverse experiences is constantly linked with an increase in the risk of IPV (Yan & Karatzias, 2016). For example, a longitudinal study conducted in Cape Town, South Africa, by Okafor et al. (2018) aiming to investigate the association between IPV and depression symptom amongst a sample of women with an average age of 27 years. Findings indicated that a past characterised by childhood trauma was related to depressive symptoms. Several studies focus on influences of single adversity and not how experiencing multiple adversities simultaneously, influences an individual's risk to IPV (Brown, Burnette & Cerulli, 2015; Corvo & Carpenter, 2000; Eriksson & Mazerolle, 2015; Franklin & Kercher, 2012). Hence this study was conducted to understand how different individual factors may interact in facilitating women's exposure to IPV.

A study by Nikulina, Gelin and Zwillig (2017), aiming to examine the individual and cumulative association of adverse childhood experiences (ACE's) with IPV in college students. The ACE's that were the focus, were experiences of sexual and physical abuse; emotional and physical neglect; observing parental IPV; living with a household member who was mentally ill, incarcerated or abusing substances. No cumulative associations were observed between ACE's and IPV however observing IPV between parents was linked with IPV victimization and perpetration. Kelmendi and Baumgartner (2017) contend that exposure to violence may lead to tolerant attitudes toward violence thus a risk for IPV. Subsequently, a

partner who was beaten up as a punishment during their development years and marries someone who was also a victim of child abuse and had witnessed interparental violence may be at a higher threat for IPV in the intimate relationship (Frye et al., 2014; Henke & Hsu, 2017). In this study, attitudes about IPV are explored to find out whether they facilitate women's exposure to and exposure to IPV.

IPV victimization leaves a woman with distress, increased risk of depressive symptoms and other possible mental health problems (Brown et al., 2015; Ellsberg & Emmelin, 2014; Johnson, Giordano, Longmore & Manning, 2014). These mental health challenges may affect how a mother relates to or parents her children. For example, a study by Juby, Downs and Rindels (2014) found that IPV victimization in women was related to risk in maternal emotional abuse. A woman exposed to IPV may be stuck in their psychological challenges which may affect their parenting resulting in maltreating their children. This may lead to cyclic perpetration of violence, where a child is psychologically abused and witnesses interparental violence then grows up to accept IPV (Corvo & Carpenter, 2000). These exposures to IPV may foster psychological unavailability in caregivers such as parents thus hindering sensitive caregiving, therefore, affecting the children's upbringing (Easterbrooks et al., 2018). For instance, IPV before, after or during pregnancy has been found to increase odds of experiencing postpartum depression (Islam, Broidy, Baird & Mazerolle, 2017). Therefore, we need to explore the availability and effectiveness of facilities or structures where women with IPV experiences seek recourse. Thus this study explored the women's support structures and how the women perceived their effectiveness during their IPV ordeal.

It is worth mentioning that not all individuals that have witnessed or experienced violence in childhood become violent nor victims in adulthood (Bain & Durbach, 2018). Cascio et al. (2017) contend that warm and secure family relationships and the availability of extra-familial support may prevent the consequences of ill-treatment in childhood. For that reason, factors that intervene between exposure to violence as a child and chances of committing IPV or being a victim as an adult need to be explored. A study was conducted by Kim (2017) to investigate the effects of perceived childhood maltreatment among Korean immigrant women with experiences of IPV, in the United States of America. Findings were: experiencing physical abuse as a child increased the risk of being a victim of IPV six times while experiencing sexual abuse increased the danger for IPV five times more. This sheds light in understanding that IPV can be an indication of the continuation of victimization from childhood and typology of abuse influences the risk of victimization. This suggests that

overlapping childhood exposure to adverse events may pose unique risks for IPV. This indicates that there are different factors that cause and maintain IPV, as such this calls for research of what factors facilitate exposure to IPV.

2.1.2. The role of education on women's risk of IPV

Many researchers agree that education is a crucial component in women's self-sufficiency and empowerment (Adams, Greeson, Kennedy & Tolman, 2013; Conroy, 2014; Habyarimana, Zewotir & Ramroop, 2018; Wang, 2019). Rowan, Mumford and Clark (2018) conceptualise empowerment of a woman as the capacity to make life choices about her life through the decision making and control over her life. Wang (2019) contends that education empowers women through skills and liberal norms that decreases the chances of adopting violence as a means to solve conflicts. As such, it can be argued that education influences acceptance of violence, how one seeks help for IPV as well as decisions to end violent relationships.

Henke and Hsu (2017) maintain that education offers a woman bargaining power regarding willingness to accept violence from her intimate partner. Wang (2016) argues that access to higher learning boosts one with an open-mindedness that reduces chances of accepting violence as a means of resolving conflict. However, these studies focused on women at higher education institutions and as such their attitudes may differ from those who have less educational attainment levels. Similarly, Rowan et al. (2018) report that females who have studied and achieved higher levels of education tend to try to find informal rather than formal help. This is an indication that there are factors interacting with the role of educational attainment that influences decisions when seeking help for IPV.

Cao et al. (2014) found that socio-demographic characteristics of IPV offenders in China, were more likely to be mature men with less education. These findings have to be interpreted with caution as research have indicated that IPV occurs in different and varying socio-economic status settings. Mahlori, Byrne and Mabude (2018) conducted an online survey at University of South Africa, one of Africa's leading universities in distance learning, to assess awareness, knowledge and experiences of IPV among the university's staff. Their findings were that most of the respondents reported being unaware of anyone who had experienced IPV. This shows that IPV is still treated as a private matter as it is hidden even among those who have higher educational attainment and are thus perceived to have access to knowledge

about this phenomenon. This current study bridges the gap on what factors interplay to cause women's exposure to IPV as the sample is from women with different education levels.

Kaukinen and Powers (2015) agree that women's economic gains increase access to authority, control and making of choices in relationships thus reducing women's risk of victimization. Higher levels of education offer women improved chances of gaining employment and thus lowering the risk of IPV. For instance, Mokgatle and Dauda (2014) found that the majority of women who consulted for medical attention due to violence at an Ekurhuleni clinic, Johannesburg had secondary education or less, were unemployed and were economically inactive. This implies that education may be protective against IPV.

The effects of IPV are not only immediate but also threaten the future of the woman. For example, Adams et al. (2013) found that women who had been victimized by a partner as teenagers often went on to achieve lower levels in education which indirectly influenced women's earnings. These authors also found that survivors of IPV who furthered their education after ending an abusive relationship experienced a subsequent change in earnings over a period of five years as compared to those who did not further their education. Therefore, it can be concluded that educational attainment betters one's chances to gain better employment and thus competitive earnings. In this study, the effects of educational attainment were observed in the participants' experiences of IPV.

2.1.3. Effects of employment on IPV

Paid employment has been found to protect, decrease, as well as offer support systems to women faced with IPV (Borchers, Lee, Martsolf & Maler, 2016). The abuser's ability to provide economically can cause power disparities in the intimate relationship and thus lead to control of their partner (Park, 2016). Steele, Everett and Hughes (2017) argue that abusive partners frequently thwart women's access to gaining employment thus growing their financial dependency and decreasing the prospects of women exiting abusive relationships. Economic dependency limits the ability of a woman regarding decision making in the relationship therefore the cycle of abuse may be difficult to break. Ahmadabadi, Najman, Williams and Clavarino (2017) claim that female's dependency reflecting lower resources is the root of IPV.

It can be argued that employment not only offers economic independence through financial resources to end an abusive relationship; it also provides time for separation from the partner during the hours that both partners will be at work. This implies that employment may be

beneficial against IPV. However, research results indicate mixed influences of employment on IPV. Some studies posit that employment positions a woman to attain financial security which in turn lowers the risk of IPV (Anderberg, Rainer, Wadsworth & Wilson, 2015; Gage & Thomas, 2017; Wathen, MacGregor & MacQuarrie, 2018). For example, having a job is supportive for survivors of IPV as it improved their finances, increased their self-esteem while providing a sense of purpose in life (Rothman, Hathaway, Stidsen and de Vries, 2007).

Kaukinen, Meyer and Akers (2013) conducted a study examining how education and employment status shape women's decisions to find help when dealing with IPV. These authors reported that women with higher education attained relative to their partners were more likely to seek help when experiencing partner violence. With regards to employment, their findings were that employment betters a woman's probability of looking for help when victimised by an intimate partner. Leguizamon, Leguizamon and Howden (2017) posit that a woman experiencing IPV is more likely to terminate an abusive relationship when her employment prospects increase. This indicates how employment is a protective factor against IPV. Thus, one can conclude that employment aids women to have a choice that can enable them to leave abusive relationships. Also, it can be assumed that before terminating the abusive relationship, employment offers access to resources that open a possibility to seek help from co-workers who may act as a peer support system for the abused woman.

On the contrary, some studies demonstrate that employment has a negative impact on IPV (Hayes, 2016; Muthengi, Gitau & Austrian, 2016; Paul, 2016). Paul (2016) examined the relationship between labour force participation and IPV for females in the Indian context. Results were that in the long run employed women had a greater danger of IPV victimization than unemployed women. This study also found that for women, earning more than their husbands, the odds of physical and emotional IPV increased in comparison to those whose income was equivalent to that of their husbands. However, Paul (2016) does not clarify the nature of employment that the women held, as this can shed more light on what type of employment poses a risk of IPV.

Hayes (2016) argues that it is the differences in employment status (status incompatibilities) between partners that reflects a power imbalance which may fuel IPV. However, Kaukinen and Powers (2015) argue that it is the women in the highest education and income group who experience the greatest benefit of their economic status in decreasing risk of IPV. Also, regarding seeking help, Leone, Lape and Xu (2014) discovered that employment reduced

probabilities of women pursuing help from police. These authors contend that this could be due to employed women feeling that police are less likely to help them because of their financial capability to leave the abusive partner. This is indicative of judgemental attitudes from those who are meant to help victims of abuse. In contrast, TePoel, Saftlas, Wallis, Harland and Peek-Asa (2018) found that employment was positively associated with help-seeking.

In Bangladesh, Heath (2014) found employment for women with lower levels of education, increased the rates of IPV. This points out that the connection concerning employment and IPV is multifaceted. For instance, Terrazas-Carrillo and McWhirter (2015) found that in Mexico employment was beneficial for those women who had spouses that exhibited less controlling behaviours but increased the risk of IPV for women whose husbands had controlling behaviours. This indicates that it should be considered that different contexts may have varying effects of employment in IPV.

IPV is not only an immediate health issue for those exposed but also has a negative impact on expected future earnings for survivors (Wathen et al., 2018). Borchers et al. (2016) found that even though survivors of IPV may attain employment, they faced more challenges in sustaining it. This is due to their abuser's interference, sabotaging their work and controlling their finances. From the above studies, it could be deduced that the influence of employment on IPV is unpredictable. As such, further research is required to explore what factors interact together with employment conditions to shape the experiences of women's IPV. This study explored what factors facilitate women's exposure to IPV.

2.1.4. Partner's alcohol (ab) use as a factor in IPV

Studies have consistently found a link between consuming alcohol and risk of IPV (Jewkes, 2002; Katerndahl, Burge, Ferrer, Becho & Wood, 2014; Padayachee & Singh, 2003). According to Iqbal and Fatmi (2018), alcohol intake increases the risk of physical violence perpetration. Kerridge and Tran (2016) state that heavy drinking and intoxication is one of the most robust correlates of IPV against women. For example, researchers note that men who were mandated for treatment after the perpetration of IPV had a history of risky drinking which was often associated with being highly aggressive (Crane, Hawes, Oberleitner, Mandel & Easton, 2013; Stove & Kiselica, 2015). It could be that alcohol use limits an individual's self-control and lead to aggressiveness which exacerbates IPV.

Eckhardt, Parrott and Sprunger (2015) conducted research aiming to provide a framework to understand how acute alcohol intoxication causes IPV by utilising I³ theory. These authors define I³ as a process-orientated framework that offers a way to understand predictors of IPV according to three process categories which are instigation, impellance and inhibition. These authors posit that I³ theory proposes ways of understanding predictors of IPV that are considered essential and sufficient to forecast the probability of IPV in each circumstance. Applying the I³ theory in the role of alcohol in probability for IPV perpetration, the core focus is on the interaction of different factors. The three factors that form this model are instigating, impelling as well as inhibitory factors. This model posits that to predict if a certain interaction of intimate partners will be violent or not, we can recognize the strength and patterning of instigation, impellance and inhibition factors.

These authors further explain that instigating factors are situational or contextual experiences that may prompt an impulse to be aggressive under certain circumstances. Impelling factors are dispositional, and these prepare an individual to be violent when perceiving provocation in a given context. Eckhardt et al. (2015) contend that instigating and impelling factors interact and are linked in IPV. Inhibitory factors are explained as factors that escalate the chances that an individual will fight a desire to be violent at a given time. Explaining the influence of alcohol in IPV, these authors argue that alcohol has a disinhibiting influence thus reducing the ability to resist an urge to be aggressive. Those with a low inhibition (due to alcohol intoxication), facing high instigation and high impelling factors are at increased risk of perpetrating IPV. This model provides knowledge that explains how alcohol has a part in IPV and that is necessary for predicting IPV occurrence.

A study by Oberleitner, Mandel and Easton (2013) to determine the role of anger on alcohol-dependent men arrested for domestic violence found that those participants who were reported to express anger frequently also tended to test positive on a breathalyser for alcohol. The disinhibiting effect of alcohol combined with impelling factors caused by anger is possible reasons on why they perpetrated IPV. Still, this study relied on self-reports about expressions of anger and it could be that this was an excuse used by the participants for their IPV perpetration. Reviewing theories that link IPV perpetrated when drunk with places where drinking occurs and alcohol outlet density, Cunradi, Mair and Todd (2015) argue that alcohol consumption in certain places may increase the risk of IPV. Their review of empirical studies discovered that those individuals who drank mostly in bars significantly reported arguments, fights and problems with their spouses.

Owoaje and OlaOlorun (2012) conducted a survey to determine the prevalence and predictors of physical IPV in Nigeria. For participants who experienced physical IPV, the significant predictor was a partner's daily alcohol consumption amongst other factors. In a study in South Africa by Mthembu, Khan, Mabaso and Simbayi (2016) aiming to explore if IPV perpetration by men was a risk factor for engaging in other risky behaviours, self-reports of committing IPV were significantly linked with alcohol- dependence. It has been noted that alcohol may be an excuse for aggressive behaviour thus justifying perpetrating IPV. These studies focus on the influence of alcohol on IPV perpetration and therefore there is a need to understand what factors interact with alcohol consumption on IPV victimization.

Javaid (2015) conducted a study in the United Kingdom with professionals including academics and social workers who deal with both IPV survivors and offenders. The aim was to understand their experiences of dealing with the role of alcohol and IPV. The professionals shared that alcohol was not causal with regards to IPV but offenders chose to blame their behaviours on intoxication to avoid identifying themselves as violent abusers but rather intoxication leading them to act in ways they otherwise would not.

Long and Ullman (2013) conducted a study among nine black women residing in a low-socioeconomic neighbourhood in Chicago, United States of America and found that survivors of multiple sexual victimizations used alcohol and drugs to cope with stressing life events. O'Brien et al. (2016) state that survivors of IPV may use alcohol to evade undesirable feelings related to the stress of IPV. Collings (2016) argues that survivors of IPV may use alcohol as a coping strategy against ongoing abuse. This indicates that for the individual experiencing IPV, trying to avoid their relationship problems might lead to them using alcohol as a way of coping.

Shepherd-McMullen, Mearns, Stokes and Mechanic (2015) found avoidant coping to be linked with more binge drinking and adverse health observations. Their study focussed on 126 female students and examined psychological IPV and as such these results may not be applicable to survivors of other types of IPV. Ezard (2014) maintains that alcohol consumption by women is often stigmatised as it is believed to undermine gender roles and this may be a risk for further victimization. This establishes an association of IPV and alcohol consumption and interventions should target both alcohol abuse and IPV. The role of alcohol consumption was explored in the women's experiences of IPV.

2.2. The influence of interpersonal factors on IPV

In this section, the intimate relationship's dynamics are explored and how these play out in influencing IPV risk is discussed. The dynamics in the intimate relationship influences the way the partners relate and communicate which may pose a risk for IPV. Conflict handling, coping mechanisms and general power dynamics are the topics that are explored in this section as this will assist to understand how these aspects influence IPV maintenance in intimate relationships. This level is an important one as this is the immediate context where violence occurs. Contexts that normalise and approve men's control over women result in a systematic devaluation of women (James-Hawkins, Cheong, Naved & Yount, 2018). It is under the context of interactions between the two intimates that IPV occurs.

2.2.1. The effects of power dynamics in the relationship

Power is conceptualised as perceived control and domination in decision-making in the intimate relationship, manifested as intimidations intending to undermine the independence of the partner socially or economically (Gage & Hutchinson, 2006; Kerridge & Tran, 2016). Gender socialization prepares young men to expect and want to hold a position of power and dominance in intimate relationships (Giordano, Copp, Longmore & Manning, 2016). It is therefore suggested that men use violence to assert their position of power within intimate relationships, leaving women with a range of negative consequences. According to Yount et al. (2016), when a male partner perceives himself as having less power and prestige, aggressiveness may be seen as a resource to reclaim power. This view is however one-dimensional as even more powerful men can be IPV perpetrators.

Research indicates that relationships characterised by rigid gender roles, power and control have a high risk of IPV (Akhter & Wilson, 2016; Ntoimo & Isiugo-Abanihe, 2014; Prospero, 2008). Gender roles are those actions and behaviours that are prescribed and encouraged in line with gender and for women, these include submission to men (Eisikovits & Bailey, 2016). Mpondo et al. (2016) conducted a cross-sectional study of 238 women in the province of Eastern Cape, South Africa. This study found that women in autonomous relationships experience less IPV than those in relationships characterised by inequalities between partners. This indicates an intersection of power differentials and IPV whereby those who experience IPV live in a context where their partners control multiple aspects of their lives leaving them in fear and results in loss of sense of self-worth (Emery, Thapa & Wu, 2017; Heintz & Mendelez, 2006).

Goussinsky, Michael and Yassour-Borrochowitz (2017) maintain that dominance strongly predicts the presence of IPV in relationships. Goussinsky et al. (2017) conceptualise dominance as behaviours that are demonstrated as authority, privilege and these show a degree to which control is imposed on the intimate partner. Coercive control where both physical violence and tactics to intimidate such as rigid gender-roles, isolating, bullying or threatening one's partner has been found to be frequent, severe and injurious in IPV characterised relationships (Babcock, Waltz, Jacobson & Gottman, 1993; Crossman, Hardesty & Raffaelli, 2016; Jewkes, 2002).

Relationships that are characterised by rigid traditional gender beliefs place women at an increased risk for IPV victimization due to punishments for failing to conform to expected behaviours (Golden, Perreira and Durrance, 2013). In Uganda, it was found that having a husband with control issues was strongly linked with a greater likelihood of experiencing lifetime IPV by Ogland, Xu, Bartkowski and Ogland (2014). Consequences of controlling behaviours on the victims are intense fear and perceived risk of future threat leading to constant fear, anxiety and more symptoms of posttraumatic stress disorder (Brown et al., 2015; Crossman et al., 2016). This indicates that even in this modern-day, women are yet to have a voice in intimate relationships. Men who grew up in environments where there are beliefs on the traditional concept of gender roles are more inclined to be violent to their intimate partners when there is a failure to obey, perceived challenge or threat to such roles (Berke, Reidy, Gentile & Zeichner, 2016; Vives-Cases, Gil-Gonzales and Carrasco-Portino, 2009). These authors explain that such men may view such violation as attracting negative social feedback and then internalise negative self-judgements which later lead to them to perpetrate IPV to their intimate partners.

A qualitative study was conducted by Zakar, Zakar and Kraemer (2013) in Pakistan to explore the beliefs and attitudes of men toward IPV. The findings were that men believed that it was the ultimate responsibility of a husband to make decisions in his family, to control his wife and restrict her behaviour. However, relying on men's beliefs is one-sided in understanding the influence of gender beliefs on IPV as the study's participants were not necessary IPV perpetrators and as such their attitudes cannot be interpreted to be similar to those of perpetrators. This indicates that women's voices on their experiences of role expectations in the intimate relationship must be explored. The current study explored the factors that may have facilitated women's exposure to IPV.

Lopes (2016) contends that perpetrators of IPV commonly accuse victims of provoking them thus not only justifying the abuse but also as a tactic to reinforce subservience. This may lead to victims blaming themselves for their victimization which is linked with more emotional anguish (Reich et al., 2015). This indicates that for men who perceive to have power over women, when their intimate partner behaves in a manner that contradicts their perceptions may lead to the 'disciplining' their partners through violence. Such perceptions are a result of socialization (Hayes & Boyd, 2017). Men are socialized to regard women as possessions whom they control every facet of their lives and the use of violence as a means of control is condoned and understood. Messersmith et al. (2017) state that having multiple romantic partners increases the risk of committing IPV in men.

Teitelman et al. (2016) conducted a study on South African youth to examine the link between partner violence, relationship power and dangerous sexual behaviours. The authors observed that amongst girls, as IPV victimisation increased, condom use decreased and as relationship power increase condom use also increased. This is significant as it is an indication that in relationships where women have less power than their partners, not only are they at risk of IPV, but also of sexually transmittable diseases. Research indicates a link between HIV and IPV (Langa-Mlambo & Soma-Pillay, 2014; Raghallaigh, Morton & Allen, 2017). Statistics indicate that about four million women in South Africa are estimated to be infected with HIV, it is critical to explore attitudes held about IPV and to challenge the misconceptions that put women at disadvantaged and risky positions in their intimate relationships (Yemeke et al., 2017). These studies point to the different factors that interplay in causation and maintaining IPV. In this study, the different factors that facilitate women's IPV experiences are explored from women's perceptions.

2.2.2. Couple conflict as a risk predictor of IPV

Communication patterns have been described as a key aspect in the promotion and inhibition of violence in intimate relationships (Messinger, Davidson & Rickert, 2011). Giordano et al. (2016) argue that even in relationships where only one partner is aggressive, to some extent both partners generally contribute to a disagreement prior to physical assaults. Goussinsky et al. (2017) argue that power imbalances coupled with communication strains in intimate relationships, amplify the danger for IPV. In a study by Brem, Florimbio, Shorey, Elimquist and Stuart (2017) conflict was found to be a predictor of IPV for men arrested for domestic violence. However, one can argue that most relationships will have conflict but not all

conflict leads to IPV. This means that how each couple approach and resolve conflict is indicative of a possibility for the occurrence of IPV. Honeycutt, Sheldon, Pence and Hatcher (2015) posit that destructive conflict resolution styles are associated with IPV. According to Sommer, Iyican and Babcock (2016), anger and contempt during conflict is a strong predictor of physical IPV perpetration. It seems that the above literature suggests that it is the type of strategies used during conflict that *may* or may not result in IPV.

Messinger et al. (2011) conducted a study among adolescents to investigate the role relationship strategies might play in IPV occurrence. The authors operationalized verbal reasoning as a relationship strategy characterised by discussing issues calmly while escalating strategies were operationalized as using verbal aggression and restricting the movement of the partner. Their findings were that escalating strategies were positively correlated with physical violence while verbal reasoning strategies were significantly associated with fewer physical aggressive conflicts.

Bonache, Gonzalez-Mendez and Krane (2016) postulate that attachment style was associated with IPV because it shapes communication in the relationship and thus how conflict is addressed. These authors conducted a study to probe how conflict resolution styles influence the association between attachment styles and threat for partner abuse. Findings indicated that anxious attachment was connected with self-reported destructive conflict strategies. Anxious individuals are likely to give in to abusive partners as they may be too scared to leave or alienate their abusive partner.

The communication style partners adopt in their relationship influences the quality of their relationship. Negative communication patterns are associated with misery between intimate partners and a threat for violence in the intimate relationship (Sommer et al., 2016). Additionally, the quality of the intimate relationship influences how conflict resolution strategies are adopted and used by the couple in an intimate relationship. It has been found that relationships that have high conflict and where the partners are not well equipped to resolve conflict tend to have a high incidence of IPV (Bonache et al., 2016). Therefore, destructive conflict resolution styles are associated with a high incidence of IPV (Honeycutt et al., 2015). Communication patterns in a relationship is a dimension this study explored as a factor that may have facilitated exposure in understanding the women's lived experiences of IPV. When a relationship is characterised by IPV, how the survivor responds to their situation determines the direction of the relationship.

2.2.3. Coping mechanisms or resilience?

Most women experiencing IPV are not helpless victims who accept being controlled; they devise and implement strategies to claim back their power. Weeks and LeBlanc (2011) assert that women experiencing IPV employ a variety of coping tactics against IPV. One strategy that women use in relationships characterized by IPV is coping (Wu et al., 2018). Theorised as a process that involves efforts to change one's behaviour and thinking, coping is employed to manage stressors that exceed what one can handle (Foster et al., 2015; Long & Ullman, 2013). A study conducted by Foster et al. (2015) using a mixed-methods design with the aim to understand coping strategies among women in IPV characterised relationships, observed that women living in abusive relationships use a range of all means available to manage, survive the violence and to protect themselves. Techniques found included turning to religion by praying, venting through crying, and writing down their feelings, disengaging and planning to leave the relationship.

A qualitative study by St. Vil, Sabri, Nwokolo, Alexander and Campbell (2017) explored approaches utilised by survivors of IPV from low-income backgrounds, to help them survive IPV. Thematic analysis revealed that survivors used strategies such as ending the relationship, retaliating, religion and relying on both formal and informal sources of support. Another coping strategy that seemed to be useful for women in abusive relationships is mothering their children. Although Jones and Vetere (2017) found that women faced difficulties taking care of their offspring during their experiences of IPV, nonetheless, the women cited that children gave them the determination to exit their abusive relationships. Similarly, Miler and Manzer (2018) found that mothers make efforts that safeguard their children's well-being. Whilst this study is not focussing on the children, it is important to explore what role did having offspring play in the women's experiences of IPV.

Foster et al. (2015) argue that survivors of IPV often adopt a variety of plans to avoid, inhibit or reduce the predicted manifestation of aggression in their relationships. For example, women in abusive relationships claim back their power through resilience. This is a self-motivated practice that incorporates rational thoughts and perceptions within an environment of adversity (Lopez-Fuentes & Calvete, 2015). To reject controlling behaviours by their intimate partners, women who have resilience use tactics such as taking control of their lives either by getting an education or looking for employment. Lopez-Fuentes and Calvete (2015) conducted a study in Spain using grounded theory to investigate factors that aid in forming

resilience among women survivors of partner violence. The women revealed that amongst other things, economic independence was one way of taking back control from their partners. In Egypt, as a strategic response to recent exposure to IPV, women were found to adopt tactics such as secretly joining saving clubs to enhance financial security (Yount, Zureick-Brown & Salem, 2014). All the above strategies indicate that women experiencing IPV make strategic decisions to safeguard themselves in future. Coping strategies that were adopted by the survivors of IPV are explored in this study as a dimension of understanding their experiences of IPV.

2.3. The influence of community factors on IPV

In this section, the socio-structural characteristics of the community such as the ways in which resources are distributed or are easy to access influences causal and maintenance of IPV. Also covered are aspects such as where a couple resides and how that has an influence in their family lifestyle.

2.3.1. Economic challenges as a risk factor for IPV

Research indicates that IPV occurs to individuals irrespective of socioeconomic status (SES) and racial background (Fox & Benson, 2006; Mpondo et al., 2016; Weitzman, 2014). However, low SES characterised by poverty has been associated with a high risk of IPV (Ahmadabadi et al., 2017; Atteraya et al., 2016; Slabbert, 2017). It can be assumed that broader social and economic changes in a country affect the everyday lives of families in that particular country. Kaya and Cook (2010) explored the correlation of physical violence at country-level using a sample of forty countries. They found that economic development was likely to reduce physical IPV, suggesting that as countries develop, the rate of physical IPV declines. Poverty and IPV intersect as they co-occur with each other and thus magnify effects and reinforce each other (Goodman, Smyth, Borges & Singer, 2009).

A longitudinal study by Lucero et al. (2016) was conducted to test whether an increase in economic hardship significantly predicts IPV. After controlling for numerous demographic factors, results demonstrated that experiencing financial strains over time increased the probability of experiencing IPV for women in comparison to women who have never experienced economic hardships. Lucero et al. (2016) based the study on the family stress framework and theorized that the stress resulting from the inability to pay for immediate and essential costs in the household may create a context characterised by conflict between the intimate partners thus resulting in an increased likelihood of IPV. Societal standards of

successful masculinity determined by a man's capability to satisfy all material, economic and emotional needs of his wife and children increase the risk of IPV when there is a failure to attain such standards (Adjei, 2015). Matthews and Wayne (2018) contend that when resource loss such as a job loss is appraised as stressful, a negative state of being is created. This, in turn, increases the likelihood of stress in the individual which is acted out as IPV.

Economic hardships have a possibility of leading to parental stress and psychological distress which ultimately leads to IPV (Lucero et al., 2016). The risk of IPV increases in the year post-birth of a child as the couple is at a high risk of conflict caused by financial challenges. (Gustafsson & Cox, 2016; Zito, 2017). In India, husbands' reported family debt was linked with attitudes that were favourable towards IPV (Reed et al., 2015). This finding indicates that stressors that are faced by low-income families may be psychologically overwhelming thus leading to IPV. Studies have found that propensity to experience IPV is greater in families facing economic difficulties and low household income (Paat, 2014; VanderEnde, Sibley, Cheong, Naved & Yount, 2015).

In South Africa, Mazibuko and Umejesi (2015) argue that the cumulative generational effects of the Apartheid regime have resulted in the institutionalization of poverty within the black communities. This has led to an unending cycle of challenges for women. Structural limitations that are brought by poverty may bring strains into the intimate relationship which may escalate to IPV. Poverty leads women to rely on men for financial support, limiting women's options and complicates the decision to exit a relationship characterised by IPV (Gibbs, Jewkes, Willan & Washington, 2018; Slabbert, 2017). However, Tsai (2017) in the study conducted in Cebu, Philippines, found that couples who managed finances jointly decreased misunderstandings about expenses putting them at a decreased chance for IPV. This means that factors beyond the couple's SES interact in the risk of IPV. Also, acceptance of relationship status regarding lack of finances predicts relationship satisfaction which decreases the risk of IPV (Crane et al., 2013).

A narrative study was conducted by Bonzaier and van Schalkwyk (2011) in a community characterised by poverty, in a Cape Town township, South Africa. The study indicated that even though South African society has been massively transformed after apartheid, poverty is still stratified by race and gender which further marginalises women because of their gender. Findings in this study were that women felt IPV was justifiable and they were culpable actors in the violent relationship. This indicates that due to economic dependency, women

compromise and justify IPV occurrence in their intimate relationships. Also, economic challenges not only limit an individual's sense of self-actualisation but also may lead to women facing IPV to remain in the relationship to maintain their sense of self (Messing, Mohr & Durfee, 2015; Sanders, 2015). This could be a coping mechanism that results in accepting IPV as an unavoidable stake of intimate relationships (Mugoya, Witte & Ernst, 2015).

Ownership of assets is regarded as one dimension of economic independence and wealth. Oduro, Deere and Catanzarite (2015) conducted a study aiming to probe the relationship of owning assets with the risk of partner abuse for women. The study compared the value of a woman's total assets with those of her partner as an indirect means for negotiating equality in the intimate relationship. The results indicated that as a woman's portion of the couple wealth grows, the chance of IPV declines. This suggests that women's wealth acts as a proxy for bargaining power which deters IPV as it decreases power imbalances in the intimate relationship. This study indicates that indeed an increase in woman's wealth or ways to gather wealth may be a safeguarding aspect for IPV.

Nevertheless, a study by Peterman, Bleck, Palermo and Yount (2017) using Demographic and Health surveys from twenty-eight countries found that the connection between having assets and experience of IPV for women was dependent on setting as in most settings there was no significant relationship. Jesmin (2017) examined whether community characteristic was associated with individual's attitudes toward IPV amongst married women in Bangladesh using the Bangladesh Demographic and Health Survey. Jesmin (2017) found that residing in a poor residential area and justifying partner battering wife were interrelated in a way that irrespective of individual SES, living in a poorer community increased the likelihood of justifying IPV. In these communities, other risk factors may override protective factors, thus resulting in IPV.

Conversely, a study by Kiss et al. (2015) conducted in Sao Paulo, Brazil, did not find any significant difference between women living in different SES neighbourhoods and their experience of IPV. Results showed that residing in an underprivileged community is not associated with a threat for IPV. Somewhat, personal variances remained more significant in shaping the probability of IPV exposure than environmental effects. Similarly, Golden et al. (2013) did not find any association between living in a disadvantaged neighbourhood and experience of IPV. VanderEnde et al. (2015) also found household earnings and not

community-level earnings to be associated with the experience of IPV in a study conducted in Bangladesh. This draws attention as to how economic factors cannot be the only factor to shape and influence women's lived experiences of IPV, further justifying an exploration of what factors interact in facilitating women's exposure to IPV from those with lived experiences.

2.3.2. How do neighbourhood characteristics shape IPV experiences?

It can be argued that partner violence mainly happens in secluded locations like homes. However, where one resides also has an influence on its occurrence. Neighbourhood characteristics may create an environment that increases the risk of IPV. For instance, higher levels of perceived violence in the neighbourhood may reinforce secrecy about IPV victimization as the victims may perceive their experiences as normal (Beyer, Wallis & Hamberger, 2015). Additionally, communities that condone violent behaviours may create a climate tolerant of IPV making it harder for victims to speak out (Gillum, Doucette, Mwanza & Munala, 2018). Yet, a discrepancy between perceived and actual norms was found with an inclination to overemphasize the frequency of IPV in one's community (Witte & Mulla, 2012). Subsequently, one can argue then, that in communities where violent tiffs are a common occurrence, victims of IPV may view IPV to be normal.

Paat, Hope, Mangadu, Nunez-Muchiri and Chavez-Baray (2017) argue that communities with loose ties, anonymity promotes IPV as perpetrators know that they cannot be held accountable for their IPV acts. These authors further posit that the opposite of loose ties is residential stability which increases the chance that the residents know each other and therefore are more likely to have supportive relationships that deter IPV. Supportive relationships can be predicted to increase the likelihood of disclosing IPV when it occurs. A study by Reed et al. (2009) conducted to examine involvement and views on neighbourhood violence relative to committing IPV among inner-city, black men. Results demonstrated partaking in community violence and believing that there are violent acts happening in one's community were linked with higher chances of perpetrating IPV. This indicates that the community where one resides shapes and influences one's behaviour or attitudes towards accepted behaviour. Additionally, in communities where there are weak controls for crime and guards against victimization, interpersonal violence may be high (Kirst, Lazgare, Zhang & O'Campo, 2015). In communities where resources that aim to fight against IPV (such as

police stations) are not easily accessible, victims may be discouraged to seek help due to a lack of resources.

Mokwena and Adeoti (2014) evaluated frequency for IPV to describe patterns and threats on female attendees of a state-owned medical centre. Results displayed that living with a man who fights with other men was a predictor of physical IPV. Likewise, being in a relationship with a man who tends to participate in violent incidents with others was related with females' reports of partner abuse (Kiss, Schraiber, Hossain, Watts & Zimmerman, 2015). Tran, Nguyen and Fisher (2016) also found that low-and-middle-income countries tend to have females with attitudes that accept IPV. This indicates that residing in an area where the majority of people condone IPV increases the risk of accepting abusive behaviours in the intimate relationship leading to cyclic violence acceptance and prevalence. Yet, Tran et al. (2016) maintain that while partner aggression could be a result of beliefs in low-and-middle-income countries, IPV still occurs in first world countries as well, indicating that a range of factors is at play in incidences of IPV.

Another factor that may result in increased intolerance for IPV is unfamiliarity between community members. Beyer et al. (2015) reviewed studies on the connection between neighbourhood and IPV while monitoring for individual-level factors. In their review, Beyer and colleagues found that lower levels of community cohesion and increased levels of perceived neighbourhood disorder were related with chances of adult physical IPV. These findings demonstrate that in communities where the members are unfamiliar to each other, individuals may act violently towards their partners with no repercussions as everyone attends to their own personal matters.

In communities where there is a lack of cohesion, people are isolated which leads to a lack of social networks that may be beneficial to those experiencing IPV. Social networks offer a sense of belonging while opening opportunities for exchanging information and forming relationships among members leading to achieving accepted behaviours such as the realization of common values and solving of problems (Wright & Tillyer, 2017; Zapor, Wolford-Clevenger & Johnson, 2018). For example, Roy, Chateauvert and Richard (2013) found that social networks that recognize and acknowledge IPV as a problem had an influence in getting men who have perpetrated IPV to seek help. Voith (2017) argues that a lack of social networks reduces hope amongst community members which weakens the communal ability to combat criminal activities and that leads to higher rates of IPV. Research

indicates that women who have experienced psychological IPV often have a greater difficulty forming supportive relationships and have lesser satisfaction in social support (Naughton, O'Donnell & Muldoon, 2017; Latta & Goodman, 2011; Sayem & Begum, 2015). Kim and Sung (2016) argue that due to a lack of support networks, women in abusive relationships become isolated and this makes it difficult to exit abusive relationships. These studies however, do not cover how survivors perceive the influence of social networks in their IPV experiences. In this study, the availability and utilization of support networks are explored and furthermore, the women's perceptions of these networks are explored.

It has been constantly discovered that low SES characterised by poverty is associated with a high risk of IPV (Atteraya et al., 2016; Slabbert, 2017). Communities characterised by poverty are thus expected to report high incidences of IPV. VanderEnde, Sibley, Cheong, Naved and Yount (2015) found that the propensity to experience IPV was greater in families facing economic difficulties and those with low household income. Also, in a study by Gustafsson and Cox (2016) who found high rates of IPV amongst women living in low-income communities. Economic challenges faced by couples residing in such communities may exert pressure on them and that may result in IPV. Gordon et al. (2017) maintain that stressors such as unemployment coupled with relationship conflict may overburden the individual's coping resources, therefore, increasing the likelihood of IPV.

Bonomi, Trabert, Anderson, Kermic and Holt (2014) maintain that neighbourhood collective efficacy has a positive effect on the prospect that survivors of IPV will reveal conflict in their intimate relationships to close social supports like friends. It can be argued that women residing in communities with a lack of collective efficacy who are exposed to IPV may struggle to disclose their experiences. This may create a culture of silence where the blame for IPV is shifted to the victims of IPV. Dim and Elabor-Idemudia (2018) contend that the culture of silence against abuse lessens the chances that IPV survivors will voice out their victimization or seek help. This study explores how community norms influenced the participants' exposures to IPV.

2.4. The impact of societal factors on IPV

In this section, macro factors that influence people's general attitudes and norms about IPV are discussed. These are the broad societal beliefs that influence citizen's behaviours. Whether a country has legal laws against IPV influences the attitudes of its citizens regarding

partner violence. IPV reflects the patriarchal organisation of society, so to understand it one needs to look at societal attitudes regarding this phenomenon (Govender, 2015). Societal norms regarding the meaning and acceptability of IPV as well as sanctions against IPV are covered on the macro-level of the ecological model (Smith-Slep, Foran & Heyman, 2014). Societal norms permit controlling behaviours and male dominance facilitate the institutionalization of structural inequalities between genders not only at interpersonal but at the macro-level as well (Sabbah, Chang & Campbell-Heider, 2016; Rowan et al., 2018). Corbally (2015) contends that defining a phenomenon as a problem influences how the public perceives, receive and act upon that issue as a problem. The way violence is socially represented, shapes public perceptions about IPV (Isaacs, 2016). Doyle and McWilliams (2015) maintain that social factors enhance violence by expanding disparities between women and men while also resulting in a lack of restrictions against IPV.

Structural gender inequalities are connected with citizen's support of traditional gender roles (Herrero, Torres, Rodriguez and Juarros-Basterretxea, 2017). According to Mannell, Seyed-Raeisy, Burgess and Campbell (2018) in settings where violence against women is publicly approved lead to adverse emotional effects on survivors where they may blame themselves or their behaviours for IPV experiences. In this section, the general attitudes and accepted norms about violence, patriarchal influences as well as religious beliefs that potentially influence individual behaviours about IPV are explored. The idea is that even though there are no direct causal pathways between these factors and IPV, they have a significant influence on how one perceives IPV.

Whitaker (2014) argues that most work on IPV has focussed on individual and relationship factors that predict IPV as a result of gender-related attitudes yet gendered structures of power and resources are embedded within society. Therefore, in understanding women's lived experiences of IPV, we ought to consider all the different facets of this phenomenon. Accordingly, Whitaker (2014) contends that to understand IPV in its entirety, one needs to understand how the macro context influences individual behaviour associated with gender dynamics and overall attitudes about violence. Gefter, Rood, Valentine and Bankoff (2017) assert that at macro-level, IPV is a result of societal arrangement and authority discrepancies that are reinforced by patriarchal attitudes. It is important to explore how societal attitudes about IPV facilitate experiences of partner violence from the perceptions of the participants

Research indicates that societies that promote the ideology of patriarchy and women as objects for men report higher rates of IPV (Balogun & John-Akinola, 2015; Jewkes, 2002). Basile, Hall and Walters (2013) cite that feminism contends that in a patriarchal society due to gender inequalities, females lack civil, monetary and communal authority, therefore, leading to their marginalization. They further state that such societies make it possible for men to use violence as a means to sustain unequal power relations between men and women.

2.4.1. The impact of general attitudes and accepted norms about violence on IPV

General attitudes and beliefs typically influence the behaviour of members of any society. Beliefs about violence influence the acceptability, responses to, as well as normativity of violent behaviour. For instance, in contexts where acts of violence are acceptable and not restrained, violent behaviours will, therefore, be permitted and viewed as standard. Family violence ultimately is influenced and reflective of accepted norms in that society (Paul, 2016). Rodriguez, Palencia and Lagunas (2018) contend that beliefs of gender inequality include regulating how females may act and endorsing their subservience at home and in the open domain. Wallach, Weingram and Avitan (2010) conducted a study in Israel to examine cultural influences on attitudes toward domestic violence among Ethiopian Jews who have immigrated to Israel. Israelis who were not of Ethiopian origin were taken to hold more egalitarian attitudes that were less tolerant of IPV. Findings indicated that those Ethiopian Jews who immigrated to Israel held views similar with Jews of Israel origin, indicating that integration to the host country results in changes in adopting general attitudes of the host country.

The social-norms approach fundamentally views norms reflected in attitudes and behaviours that regulate group member's actions to perpetuate the collective norm (Fincham, Cui, Braithwaite & Pasley, 2008). For instance, in countries where there has been ongoing war, violence may be seen as a norm. Increased tolerance of violence in such areas increases the risk of IPV (Doyle & McWilliams, 2015). A study by Kinyanda et al. (2016) in post-war Uganda, examining the rates of partner ill-treatment and probabilities of psychological problems, found that IPV victimisation was highly prevalent and being abused by an intimate partner was related with many psychological difficulties.

Allen and Devitt (2012) conducted a small-scale survey in Liberia with an attempt to determine and describe the extent of IPV against women and gender norms which may underpin its normativity. A significant majority of the participants had experienced abuse in

their intimate relationships. Respondents indicated a presence of power differences between intimates in relationships and that these were shaped by cultural and religious beliefs. Many of the respondents accepted that men had authority over women. As earlier stated, this indicates that there is a need to explore from women with lived experiences of IPV how societal factors such as beliefs about violence may have facilitated their IPV exposure.

A study in Soweto, South Africa, by Makongoza and Nduna (2017) conducted among girls under the age of 18-years explored perceptions and experiences of IPV amongst the young women. The respondents expressed that the experience of IPV was accompanied by shame and embarrassment. The young women stated that IPV was justifiable where there was infidelity whether actual or perceived as this brought “disrespect” to their male partner. This shows how violence is normalized by society to the point that those who experience it find means to make sense of and accept it. Sanchez-Prada, Delgado-Alvarez, Bosch-Fiol and Ferrer-Perez (2018) argue that public attitudes toward IPV influence and shape those of the victims of IPV. This results in justifications of violence, and women are made to believe that it is actually their actions that provoke violence. The young women perceived IPV as a woman's fault and this should be a concern when women from a young age have such perceptions about violence. This is similar to a finding from a review of studies by Cools and Katsadam (2017). These authors found that where women held attitudes that accept wife-beating and had experiences of physical IPV, such attitudes were found to be strongly positive both at individual and country level.

In Tibet, Rajan (2018) found that family members understood violence as an acceptable tool to discipline or reprimand a wife if she has overstepped acceptable boundaries in her marriage. As mentioned earlier, being exposed to family violence as a child aggravates future experiences of violence (Huth-Bocks, Levendosky & Semel, 2001). Subsequently, one can infer that family as a social institution, influences IPV occurrence. Additionally, attitudes displayed in families' mirror those of the community they live in. In their review of studies, Beyer et al. (2015) found that elevated rates of IPV in communities were linked with increased chances of women experiencing IPV.

Rowan et al. (2018) found that states with higher-state level female empowerment and where women participated in spousal decision-making were more inclined to seek help when experiencing IPV. This indicates that group norms influence responses to IPV as they can either encourage or discourage help-seeking. Research indicates that many survivors of IPV

fear disclosing their experiences due to possible social repercussions and the possibility of increased violence from perpetrators (Decker et al., 2013). The fear of being judged negatively for the abuse may lead survivors of IPV to conceal their experience. Anticipatory stigma and uncertainty often trap women in IPV characterised relationships by increasing their tolerance for aggression (Kennedy, Bybee, McCauley & Prock, 2018). Overstreet, Willie and Sullivan (2016) conducted a study in New England, United States of America and found that defaming public responses aimed to shame or degrade survivors of partner abuse are linked with depressive symptoms. Leguizamon et al. (2017) argue that the social stigma associated with divorce leads to women only seeking a divorce when the expected benefit of divorce outweighs the expected cost of staying in the marriage. Thus married women in abusive marriages may be discouraged to disclose or seek help when experiencing IPV. Gillum et al. (2018) argue that communities' reluctance to interfere with domestic affairs not only maintains but also condones IPV. These findings indicate a need to explore how factors at the societal level interplay to facilitate women's exposure to IPV.

2.4.2. Patriarchy as a societal institution of partner aggression

Defined as co-ordination of hierarchies which govern control and dominance, patriarchy affirms male domination over women and has been consistently linked to IPV (Dobash & Dobash, 1979). Tonsing and Tonsing (2017) define patriarchy as a concept with two components: the first component being the structure where men are perceived to have supremacy and honour than women, and the second being the belief which legitimizes this conception. These authors argue that the way society is arranged is prejudiced by the notion of patriarchy where males dominate and treat women as subordinate hence justifying male violence. Gage and Thomas (2017) argue that patriarchy as the institutional sanctioning of females' subjugation is also at the core of their victimization. The values of patriarchy are embedded firstly in the nuclear family and result in structural inequalities where women are considered as subordinate to men. These become internalised and get widely accepted and maintained through social cues by people and eventually reinforced in romantic interactions (Franklin & Menaker, 2014).

Traditional gender norms depict males as possessing inborn and irresistible characteristics (James-Hawkins et al., 2016). Men are portrayed as strong and masculine while women are depicted as gentle and fragile. This socialization brings expectations of behaviours from both men and women and when that norm is challenged, risk of violence arises. Worth mentioning

is that patriarchal machismo is a socially constructed and institutionally reinforced concept and changing people's behaviours would require interventions at the institutional or societal level (Buiten, 2016). Mkhize and Njawala (2016) maintain that the patriarchal culture operates to silence women under the umbrella of obedience to their male partners by rewarding such behaviour as a sign of a good woman.

Grose and Grabe (2014) contend that societally-created gender philosophies maintain the belief that males are permitted authority over females and can even punish them for alleged violation of gender roles. Socially constructed views and interpretations of what constitutes being a man influences attitudes about acceptable behaviours (Corbally, 2015). Practices such as bride price that aim to solidify the couple relationship may actually lead to increased risk of IPV (Rees et al., 2017). Such practices are misinterpreted as allowing men ownership of their wives. These beliefs may also be shaped by peers as patriarchal peer support networks may validate abusive behaviour (Hayes, 2016). Bettman (2009) found that men believed that to be a man meant to be aggressive in dealing with hostile situations and to gain respect and acknowledgement. People with a status that differs to that of socially created standards may suffer mental conflict and disgruntlement in close relationships as they may assess themselves as falling short of these masculine standards and perceive loss of control in their relationships, thus increasing threat of perpetrating IPV (Berke et al., 2016; Franklin & Menaker, 2014). Husnu and Mertan (2017) argue that individuals who hold traditional attitudes toward gender roles are more supportive of violence against women.

Yount et al. (2016) conducted a study to explore in what manner behavioural modelling in early years together with challenges to a man's anticipated prestige in marriages might intensify the threat of IPV perpetration. This study was based on social learning, resource and status-conflict theories. Findings were that men who did not know their earning position as compared to that of their wives had more odds of perpetrating IPV against their wives. This could be due to them perceiving that their wives may be earning more than them thus challenging their identity of being providers in their households. Jewkes (2002) posits that when men perceive that a woman is challenging their masculine identity, a crisis is triggered. To resolve this crisis, men turn to IPV to claim back their power and control over the woman.

Another finding from the study by Yount et al. (2016) was that men who perpetrated IPV were more likely to be older than their wives. This could be that having a wife of the same age levels the stakes in terms of educational attainment and thus equal chances of

employment and earning. Younger husband's male identity, therefore, is challenged, and they may use aggression as a way to dominate. Husbands who are older, on the other hand, may have acquired more assets than the wife and are thereby able to maintain their male identity.

Furthermore, a narrative study in Vietnam, revealed IPV was a result of traditional customs of manhood such as alcohol consumption and discernments that women are inadequately obeying the cultural suitable standards of being females such as doing household chores (James-Hawkins et al., 2016). This indicates that when men perceive a threat to their rigid male identity, risk of perpetrating IPV is high. In fact, Lisco, Leone, Gallagher and Parrott (2015) found that men who abide by masculine standards are at a higher risk of assaulting their romantic partners. In Rwanda, Finnoff (2012) found that working wives with husbands that were not working suffered substantially more sexual violence. This could be due to that working women are perceived to be challenging the societal norms by being providers in their families, and in claiming back their authority, their husbands may resort to violence. Public standards that allow controlling behaviours from male partners create the institutionalization of structural inequalities between men and women (Rowan et al., 2018).

In rural South Africa, Duskoch (2008) found that endorsements of remunerated sexual encounters with a casual partner predict endorsements of IPV. Duskoch (2008) suggests that paying for sex ought to be regarded as part of a closely related controlling practices that men use to manipulate women. Therefore if a man can control a casual partner, one can assume that he would do the same to his main intimate partner. Men who fail to attain socially constructed ideologies of masculinity may demonstrate masculinity through IPV (McCarthy et al., 2018). Nevertheless, reducing IPV to only patriarchal practises is limiting as such this study explored how different factors both at the personal and societal level predicted the risk of IPV from women's IPV experiences.

2.4.3. Religious beliefs and IPV

Religion as a doctrine plays a major role in the institutionalisation of norms in society. Religious practices postulate that wives need to be subservient to their husbands and divorce is frowned upon, making it much difficult for women to leave abusive marriages (Gezinski et al., 2019; Kaya & Cook, 2010; Takyi & Lamptey, 2016). In a study by Chireshe (2015) conducted amongst Christian women in Zimbabwe, religion and patriarchy were found to be interrelated as they both support the domination of women by men. This interrelation is evident in how both these philosophies rest on women's submissiveness to men. Biblical

teachings not only promote a sense of women ownership but also offers a justification for men to control their partners and that is what patriarchy endorses. For instance, in the book of 1 Corinthians 7 verses 1 to 16, the teachings are about how a man has authority over his wife's body and vice versa. Adherence to these strict religious beliefs may be used as a justification for IPV and a restriction for leaving abusive partners (Takyi & Lamptey, 2016).

Religious beliefs promote family preservation at all costs. Marrs et al. (2012) found that women choose to stay in relationships characterised by IPV for the sake of trying to preserve their family. Use of religious beliefs to cope in an abusive relationship is positively associated with staying in the relationship as it brings hope that things will change and this may maintain IPV (Katerndahl et al., 2015). Despite this, studies indicate that survivors of IPV view religion as a protective factor and a coping mechanism (St. Vil et al., 2017; Wendt, 2008). Lynch and Renzetti (2017) conducted a study aiming to investigate the association of alcohol use, hostile sexism and religious self-regulation with partner aggression. These authors defined introjected self-regulation as performing religious practices because of coercion or guilty. Identified self-regulation is defined as performing religious practices because of personal commitment and not compulsion. The study found that for those individuals who possessed elevated introjected self-regulation and hostile sexism were at an increased odds of perpetrating physical aggression. Individuals high in identified self-regulation, highly sexist and consumed less alcohol, IPV perpetration risk declined. The findings indicate that alcohol use and hostile sexism is moderated by religious self-regulation. This is important as it clarifies the relationship that religion identification and alcohol use have on IPV. Nevertheless, these findings do not clarify whether religion as a coping strategy is perceived to be effective by women survivors of IPV. This study aimed to bridge that gap through exploring the coping mechanisms for women with lived experiences of IPV and how effective these were to the women.

2.4.4. Laws and policies against IPV

Although historically there was no specific law to sanction IPV perpetrators in South Africa, the Domestic Violence Act (1998) was introduced in 1999. The Domestic Violence Act 116 (DVA) of 1998 clearly states the role of law enforcement when survivors report IPV. The Act stipulates that police should assist the survivor of domestic violence and may arrest the perpetrator without a warrant. Song, Wenzel, Kim and Nay (2017) argue that enforcements may have a preventive influence and intensify public compassion toward IPV survivors. Law

enforcers are possibly the first people that a woman exposed to partner aggression seeks help from. Thus, how police respond to and treat IPV survivors may influence help-seeking in future. Novisky and Peralta (2015) found that in instances where survivors of IPV regard mandatory arrest policies favourably, reporting of incidences is more likely.

Research indicates that although most women know where to report IPV, many do not utilize these facilities (Fleming & Resick, 2016). There may be various reasons why victims may choose not to report their victimization. One reason may be the perceptions victims have of police effectiveness on IPV which may predict the likelihood of notifying police when IPV has transpired. A study by Cerulli, Edwardsen, Hall, Chan and Conner (2015) established that police did not file the required reporting forms in cases where there were no injuries during domestic disputes between partners. This signifies that IPV is regarded to be a serious matter only when there are visible injuries as such other types are not afforded the same attention.

Examining police attitudes towards sanctions and treatment for domestic violence offenders. Govender (2015) used a case study design to examine how police respond to domestic violence complaints in South Africa. Govender (2015) found that police tend to issue a warning to IPV perpetrators instead of an arrest. This implies a lack of urgency by police concerning IPV and this may discourage IPV survivors to report future incidences. However, Altbeker (2005) aiming to understand policing and implementation of DVA (Act 116 of 1998) at the grassroots level. Altbeker (2005) established that the act was poorly understood by police officers and badly implemented due to limitations in legal, logistical and emotional stress under which policing occurs combined with the steep volume of cases that the officials are involved in. This could partly explain why the policing of IPV is perceived as failing. Probing the reasons of not using informal and formal help-resources by survivors of IPV, Fugate, Landis, Riordan, Naureckas and Engel (2005) established that survivors of IPV in Chicago, United States of America do not pursue help, fearing that their privacy may be compromised. Their study aimed to examine help-seeking choices for abused women and was based on 491 women accessing public health centres in Chicago.

Also, survivors of other types of IPV may be demoralised in reporting IPV cases knowing that there will be no prosecutions due to lack of visible injuries. Gover, Paul and Dodge (2011) observed police officer's attitudes toward domestic violence in an exploratory study in a Western state in the United States of America and found that officers felt it is best to

arrest both the perpetrator and the victim in domestic violence calls. This may actually deter women from calling the police when faced with domestic disputes as they may fear possible arrests. These authors assert that it could be that law enforcers are poorly trained regarding the specifics of IPV or they give in to prejudiced views which emphasise liability of the victim hence failure to successfully implementing DVA (1998).

Mogstad, Dryding and Fiorotto (2016) aiming to identify barriers to the effective implementation of the DVA (1998) conducted a qualitative study on domestic violence in Khayelitsha, South Africa. They found that partner aggression was seen as an issue that requires solutions from by those involved and police interference is viewed to violate culturally accepted procedures. This indicates societal beliefs that condone partner violence and culturally sanctioned processes for dealing with IPV. In Bangladesh, it was found that younger women experiencing partner abuse were more likely to disclose and seek help from formal services such as courts and police while older women were more likely to seek help from informal resources such as family and friends (Sayem, Begum & Moneesha, 2015). The findings indicate that generational differences play a role in forming attitudes toward partner violence and help-seeking behaviour. This indicates that there is a need to explore survivors' perceptions of helpful resources to find out their effectiveness in aiding help-seeking. This study explored structures that IPV survivors seek recourse from and whether they promote disclosure of IPV.

2.4.5. Health professionals' attitudes about IPV

Research indicates that most survivors of IPV seek help after severe physical injuries (Cho, Shamrova, Han & Levchenko, 2017; Mkhonto et al., 2014). The first healthcare service providers from whom help is likely to be sought by an IPV survivor are nurses, especially in cases where there are injuries sustained. The role of nurses in IPV is vital as an encounter with survivors of IPV can influence future reporting of abuse. The way nurses treat IPV survivors is critical as they probably would still be in crisis when they seek nurses' help.

A qualitative study by Keeling and Fisher (2015) conducted on 15 women to understand female survivors' experiences on revealing abuse to healthcare service providers in the United Kingdom, revealed that women perceived the health service providers' responses to mirror that of the perpetrators of violence. Alaggia, Regehr and Jenney (2012) maintain that women's disclosure of IPV experiences rests on perceived outcomes. Women's reactions to their IPV victimization are moulded by their own attitudes as well as those around them

(Sanchez-Prada et al., 2018). As such when victims of abuse expect to receive unfavourable outcomes upon disclosure, they may be discouraged to reach out for help. Dismissing women's disclosure by regularising IPV is similar to perpetrator's conduct and thus minimization of the violence. This includes remarks such as "you probably provoked him", which may be interpreted to be blaming the victim and further stigmatises the IPV survivor. The origin of stigma is collective devaluation which is characterised by aspects that are disbelieving or identifying one as a failure or disgrace in the eyes of others (Murray, Crowe & Overstreet, 2018). For instance, classifying females to have lost their honour upon relationship dissolution sustains men's subordination of women and is patriarchy manifestation at its best.

Blaming women for their IPV victimization reinforces societal stereotypes about abuse and makes it harder for women to speak up about abuse and breaking the cycle of abuse (Storer & Strohl, 2017). This is discouraging in that women may thus choose to hide their experiences of IPV for the fear of being dismissed and blamed. Contrary though, a study by Sprague et al. (2017) aimed to understand nurses' attitudes and motivations towards IPV in female patients in a Johannesburg hospital in South Africa. Twenty-five nurses from five healthcare facilities reported that nurses were motivated to help IPV female survivors as they understood the dangers and results of IPV to be at the core of their professional duties.

Healthcare professionals' attitudes influence disclosure of IPV. Tenkorang, Sedziafa and Owusu (2017) established that women in Nigeria had better propensities to seek out either official or casual resources when experiencing extreme physical and emotional violence. This is similar to a finding in Spain by Del Rio and Del Valle (2016) that discovered that it tends to be survivors of IPV who after extreme abuse and upon receiving advice to terminate abusive relationships were more likely to do so after revealing their experiences. These studies fail to acknowledge that seeking help for women who have experienced severe forms of IPV may not have been voluntary but obligated by the injuries sustained. In a study in Nigeria by Linos, Slopen, Berkman, Subramanian and Kawachi (2014) that examined environmental predictors of seeking - help among female survivors of violence, it was discovered that employed women had more chances of reaching out for help to stop violence than women who were not employed. This could be due to the exposure to resources that employment affords women. However, the above studies did not consider survivors perceptions on help resources as that may encourage future use of helpful resources.

Therefore, in this study, women's perceptions on whether their encounter with health professionals promote disclosure were explored from the women's experiences of IPV.

2.5. Summary

The review of literature has shown that in understanding IPV, one must consider that different factors interact in causation and maintenance of IPV. The ecological model is important in its explanation of how different factors such as the individual, interpersonal, community as well as societal factors influences women's risk of IPV. The review of the literature revealed that experiences of violence in early years increased the risk of IPV for women. Low-levels of education attainment were established to intensify chances of IPV in adulthood while the role of employment was found to be unpredictable regarding IPV risk. Alcohol consumption was found to be a risk for IPV while alcohol was also indicated to be used to cope with IPV victims. While these risks were explored separately it is essential to explore how these factors act together to facilitate women's exposure to IPV.

At the interpersonal level, research indicates that economic strains together with verbal disagreements were found to exacerbate the risk of IPV. Again, power differences between the couple and conflict handling were found to be indicative of risk for IPV. However, these were risks that are considered in isolation as such this study closes that gap by exploring how different factors at the interpersonal level facilitate the risk of IPV.

Community-level factors such as economic conditions were found to be influential in IPV as these shaped attitudes and acceptance of violence. Accessibility to resources such as social networks was found to be dependent on the community's characteristics and cohesion. Support networks were found to be beneficial for IPV survivors. This study aims to expand the literature by exploring survivors' perceptions about the effectiveness of support networks in their IPV lived experiences.

Societal factors that were found to promote IPV included traditionally held beliefs about gender roles. Patriarchy was found to be at the centre of gender socialisation and the resultant gender beliefs and that is the root of IPV. According to the reviewed literature, laws and policies governing the fight against IPV have been found to be ineffectively implemented in fighting IPV. The literature reviewed indicated that in understanding IPV, personal and societal factors cannot be studied in isolation. Therefore this study aims to understand women's lived experiences of IPV to be situated and shaped by different factors interacting

Understanding women's lived experiences of IPV

on the social context. The following chapter covers the theoretic framework adopted for the study.

Chapter 3: Theoretical framework: Linking feminism with the ecological model

This chapter outlines the theoretical framework embraced and directed the study. A theoretical framework guides and structures the study. The investigation to understand women's lived experiences of IPV at a non-profit organisation in Johannesburg is embedded within an interpretative research paradigm and employs feminist theory and the ecological model as a theoretical framework. Firstly the feminist theory as a framework is discussed and justifications for adopting this theory are provided. Thereafter, the ecological model in understanding interpersonal violence is explained and justifications for the choice of adopting the two theories are explained and how the two theories link are further discussed.

3.1. The theoretical framework

The study draws from two main bodies of thought which are the feminist theory and the ecological model. The ways in which these two theories fit into this study are discussed below. Feminist theory contends that violence against women is a result of gender inequalities while the ecological model contends that violence towards women is a result of different factors that interplay to influence human growth and behaviour. The two overlap in explaining causation and maintenance of IPV as they consider the social context in influencing IPV hence they were both adopted in understanding women's lived experiences of IPV.

3.1.1. Feminist theory

Feminist theory is an important framework in understanding violence against women. This is because feminist theory rests on the principle that IPV is an outcome of male domination towards women in a patriarchal system. Feminism is a broad theoretical approach that includes several perspectives such as liberal feminism, radical feminism, Marxist feminism, social feminism and postmodern feminism amongst other perspectives. These perspectives all rest on the same premise that abuse of women is caused by an imbalance in gender-power relations.

There have been different waves of the feminist school of thought. The notion of waves is a metaphor for capturing the major shifts and evolving ideas in the feminist school of thought and the changes that have been achieved in ending sexism (Allen, 2016). The first wave of feminist theory first emerged in the 1920s and was based on the premise of ending slavery, promotion of equal rights and the opposition to chattel marriage and ownership of women by their husbands (George & Stith, 2014; Narain, 2014). The second wave came around the late 1960s and 1970's and the premise was that violence against women is a result of gendered inequality at the societal level and the structural context influences these inequalities (Meyer & Post, 2006). Narain (2014) contends that the third wave which started around the 1980s sought to negotiate a space within feminist thought for consideration of race-related subjectivities. For instance, the third wave brought Black feminism which rests on the premise of balancing gender consciousness with race consciousness (Few, 2007). The fourth wave which is currently taking place focuses on the global problems that women face such as poverty continued gender-based violence and threats to reproductive freedom (Allen,

2016). As such studies like the current one are vital in understanding women's lived experiences of IPV as these global problems have an effect on IPV experiences.

Hunnicutt (2009) explains that feminist theory views gender as the primary mechanism of difference and that violence is patterned along gender lines therefore theorising should begin by examining the social order. Jansen and Davis (1998) contend that interpretive research is an excellent method for feminists to utilise in understanding women's views on their experiences. Therefore, it is important to adopt this theoretical approach to gain insight into women's lived experiences of IPV. Grose and Grabe (2014) conceptualise gender inequalities as segregation of women from authority structures, control and access to resources, variances in income, occupation and education attainment. These authors contend that socially constructed gender beliefs that adopt male dominance and feminine subordination underpin structural discriminations between men and women. They further explain that these ideologies perpetuate beliefs about men entitlement to authority and control and may rebuke women for supposed defiance or violation of gender roles.

3.1.1.1. The feminist theoretical perspectives

Feminism is a broad theoretical approach that includes several perspectives such as liberal feminism, radical feminism, Marxist feminism, social feminism and postmodern feminism amongst other perspectives. Feminist theory is not just a theory that covers gender inequality but a movement aiming to end those inequalities through social change by ending women's oppression (Hovey, 2005). These perspectives all rest on the same premise that IPV is caused by uneven gender relations. Liberal feminism focused on how political, economic and social rights could be extended to women (Elias & Machado, 2018). Friedan was one of the advocates for the liberal feminist movement. Radical feminist's contention was that women's oppression and disadvantaged position in society is a result of patriarchy which is expressed through male domination over women. Dworkin is one of the feminists who follow this school of thought.

Marxist feminism's premise is that societal economic grounds have pre-eminence over other shared relations such as gender relations (Elias & Machado, 2018). This assertion means that those who tend to have more economic power are men and women tend to lack economic power. Zito (2017) contends that society is arranged in a way that permits male economic prospects, authority and control with aggression utilised as a tool in their masculinity-making initiatives. Marxist feminists contend that women's marginalized role in society that results

from patriarchy is evident in the production and distribution of wealth as well as in limited economic opportunities for women (Rodriguez et al., 2018). Elias and Machado (2018) define social feminism as grounded on the premise that gender relations and social class are intertwined factors that need to be considered in our understanding of domestic violence. Mary Inman is one of the advocates for the social feminist movement.

African feminism as a movement aims to address the limitations brought by other feminist strands in the African context. African feminism's core is to address the struggle against race, class and gender domination that is faced by women of colour in Africa, diaspora and across the world (Gordon, 2013). Azodo (1997) argues that African feminism not only addresses the issue of gender but also raises questions of race as well. Kolawole (2002) contends that in addressing gender inequalities in Africa, historical and cultural contexts are fundamental and disregarding these, accounts for the misconstructions of the significance of feminism in many Black African societies. This author further debates that the various historical experiences of African people continue to shape the perceptions of social realities including gender. Kolawole (2002) concludes that to fully capture the place of gender and feminism in Africa requires a historical analysis as well as cultural contextualization. Following from this understanding, African feminism is adopted to enable understanding women's lived experiences of IPV as historical realities of South African women are taken into consideration while trying to understand their current realities.

3.1.2. The ecological model

The ecological model rests on the premise that to understand human development and thus behaviour one needs to consider the ecological systems that help support and guide human growth. The ecological model is derived from Bronfenbrenner model of human development to understand individual instances and behaviour (Carlson, 1984). Carlson (1984) explains the ecological model to conceptualize ecological space as consisting of different levels, each nested within the next and acting either independently or interactively. Bronfenbrenner (1994) argues that human growth occurs over progressions of gradually multifaceted mutual exchanges between living humans and symbols in their close environment. This theoretical model takes into consideration various facets that interplay in the aetiology and maintenance of IPV (Carlson, 1984). Understanding different aspects of IPV will help in widening our knowledge of this phenomenon hence choosing the ecological model as developed by Bronfenbrenner (1994) and later adapted by Heise (1998) as a lens in this study.

Sabbah, Chand and Campbell-Heider (2016) argue that reframing human behaviour as a result of factors at multi-ecological systems distinguishes the ecological theory from other theories. The ecological model emphasises that people are raised and live in a shell-like environment consisting of different layers that provide possibilities and constraints, with these layers interacting in influencing and shaping individual's behaviour. Alaggia, Regehr and Jenny (2012) explain that the ecological model pursues an understanding of human behaviour and experience within a person-in-environment framework. This makes this model suitable in understanding and describing how different elements interact in the causation and maintenance of IPV experiences.

Previously, the ecological model has been utilised in understanding interpersonal violence from the perspective of perpetrators (Roy et al., 2013; Smith-Slep, Foran & Heyman, 2014). In studying gender-based violence this model allows for consideration of different factors in causation and maintenance of partner aggression. In this study, the ecological model is employed in understanding women's experiences of IPV from the perspectives of survivors of partner violence. Using the ecological model to comprehend women's lived experiences about IPV is appropriate for this study as it allows for consideration of gender-based and non-gendered related factors that interact from the perspective of survivors (Sabbah et al., 2016).

Roy et al. (2013) argue that the ecological model has an advantage as compared to other theoretical perspectives due to its ability to holistically view factors that influence IPV. The ecological model aids comprehension that actions in the social world (such as IPV) do not occur in isolation, rather one event may influence the progression of consequent actions (Hollomotz, 2009). The ecological model consists of four levels: individual, interpersonal relationships, community and society that are believed to interact and influence the individual's behaviour that is nested in that environment. Individual factors like previous experiences, traits and acquired skills are at the first level of the ecological model (Alaggia et al., 2012). In this study individual factors pertaining to experiencing IPV as a survivor, such as the history of family-of-origin violence are explored to find out how these had an effect on the participants' experience of IPV. Interpersonal relationships are included on the following level of the ecological model. This level represents factors in the immediate environment such as the exchanges between the intimate partners, the family, peers and cultural affiliations (Alaggia et al., 2012). In this study interpersonal factors such as how authority is shared, conflict resolution together with coping strategies in the intimate relationship was

explored as these are believed to influence the immediate environment of the intimate relationship.

The third layer in the ecological model represents the institutions and social structures in the community, neighbourhood characteristics and the social networks that the relationship is embedded in (Sitaker, 2007). Reciprocal social interactions in a community co-create the normal order by influencing behaviours that are considered unexpected or forbidden thus assisting in forming communal ties that outline and control behaviours (Frye et al., 2014). As the ecological model posits that interactions in the environment shape and have an effect on the individual, it is thus imperative to reflect how these interactions influence women's experiences of IPV. Kirst et al. (2015) mention that social networks, social cohesion and collective efficacy within communities may be protective against IPV when they discourage IPV. In this study, the community-level factors covered are the environment where the individual resides, including the resources and limitations in that environment.

At the outer layer of the ecological model is the broad societal setting representative of the general views and attitudes that infuse the principles that people live by (Sitaker, 2007). This level consists of the all-encompassing arrangement of the micro, interpersonal and community characteristics with particular reference to beliefs, customs, opportunity structures and bodies of knowledge (Bronfenbrenner, 1994). In this study, the societal level factors that are focussed on, are broad beliefs about IPV, social values and representations that influence policies regarding IPV.

3.2. Linking feminism and ecological model

This study follows a feminist ecological approach where feminism is incorporated with the ecological model in understanding experiences of IPV. The premise is that women's subordination is a result of gender inequalities that are influenced by the various ecological factors that reinforce violence against women. Feminist theory is used as a lens while integrating the ecological model to understand the participants' lived experiences of IPV. This is done through attempting to gain insight of the women's lived experiences from the premise that IPV is as result of gender inequalities that women face in intimate relationships exacerbated by other factors in influencing these inequalities.

Allen (2016) argues that the masculine-inspired arrangement of families and societies has oppressive origins and negative consequences for women. Oppression against women is entrenched in systemic gender equalities and is aggravated by race, class, sexual orientation,

ethnicity amongst other disparities (Nichols, 2013). This indicates that IPV is centred not only in patriarchal practices but ecological factors interact in worsening survivors' experiences. The belief is that IPV is a result of power inequalities between genders so the best way to understand women's experiences is to give voice to women while considering how different ecological factors influence women's interpretations of their experiences.

Feminist theory's argument is that IPV is perpetrated by men who have been accustomed by society, communities, family and close acquaintances to validate the use of violence in intimate relationships (Basile, Hall & Walters, 2013). For instance, South African men clarified their use of aggression and subordination of women as their patriarchal right (van Niekerk & Boonzaier, 2016). This indicates how societal factors aid the subordination of women through socialisation. The major value of the ecological model is that it permits for an explanation of IPV not only at the personal level but considering all other factors that maintain IPV (Carlson, 1984). Merging these two theories in understanding the women's lived experiences of IPV offers a better lens in understanding how different factors that cause and maintain IPV, shape survivors' experiences of IPV.

Gray, Agllias, Schubert and Boddy (2015) contend that feminist research is about taking women's location and perspective of the world as the basis from which to proceed in understanding women's experiences of partner abuse. For that reason, to gain insight on IPV experiences, from survivors' point of view gives credence to use feminist perspective. The understanding is that there are various factors that interplay to influence and maintain IPV, and as such, the ecological model helps in interpreting the lived experiences of IPV amongst women. These theories are thus adopted in this study as they narrow the scope of violence against women as traditionally endorsed, entrenched and conveyed through all shared establishments without ignoring the fact that at times women also perpetrate IPV (Taylor & Jasinski, 2011).

Elias and Machado (2018) debate that violence against women is maintained by structural and systematic practices and thus to address it, it is vital to consider factors beyond the individual aspect to put emphasis on its structural nature. Hence in this study, the ecological model is adopted and fused with feminist theory as it covers the different factors that interplay to cause and maintain IPV. Feminist theory and ecological model link in their explanations of IPV. Feminist theory stress IPV as a result of gendered social arrangement and power variances that are supported by patriarchy which according to ecological model

influences violence at the macro-level (Geftner, Rood, Valentine, Bankoff & Pantalone, 2017). The feminist movement has contributed to the advancement of social change activism, intersectional approaches and survivor-defined practices of advocacy to IPV (Coleman, 2016). This is what this study aims to achieve, to understand women's experiences of IPV and gather their perceptions on effective ways of helping survivors of IPV.

3.3. Summary

The theoretical framework that the study is based on was explained. With the background understanding that IPV is a result of gender inequalities that women are faced with, the feminist theory was adopted for the study. The feminist theory is not just a theory that covers gender inequality but a movement aiming to end those inequalities through social change by ending women's oppression (Hovey, 2005). A model in understanding human behaviour was chosen to understand women's experiences of IPV. The ecological model rests on the premise that to understand human development and thus behaviour one needs to consider the ecological systems that help support and guide human growth. The feminist theory is linked with the ecological model as the theoretical lens in understanding women's lived experiences of IPV. The two are linked in that, to understand IPV experiences, one needs to note that IPV is a result of gender inequalities while acknowledging that the social environment where IPV takes place is influential to these experiences. The ecological model's different levels were presented and discussed in how they influence the experience of IPV. Linking feminist theory with the ecological model enables one to understand IPV experiences through a gendered lens while also considering the influence of different ecological factors.

Chapter 4: Methodology

The previous chapter outlined the theoretical framework that the study is based on. This chapter brings the discussion to the methods that were adopted in this enquiry. Justifications for adopting the chosen methods are provided. Firstly the focus is on the research design of the study followed by the philosophical underpinnings and then data collection tools are

explained. Lastly, the chapter explores ethical considerations that were considered relevant for this study.

4.1. Research design

The study used qualitative enquiry to enhance insight into the participants' lived experiences to IPV. Qualitative enquiry helps to answer questions about human experiences and meanings afforded to these dimensions and attempt to explain these experiences (Hewitt, 2007). Carter and Little (2007) explain qualitative research to entail the intention of understanding the meaning of human action through collecting textual data, analysing the collected data then reporting meanings in context rather than setting out to prove pre-set knowledge. Colorafi and Evans (2016) acknowledge that a qualitative description is appropriate in the exploration of people's experiences of a phenomenon. Conklin (2007) maintains that qualitative research tends toward discovery rather than to verify or replicate which allows qualitative studies to yield an increase in understanding. This allows for understanding the subjective meaning of participants' experiences.

In this study the main research question was:

What are the lived experiences of intimate partner violence at a non-profit organisation in the city of Johannesburg, South Africa?

The sub-questions were:

1. What are the factors in society and at a personal level that facilitates the women's exposure to intimate partner violence?
2. What are the interpersonal factors in the relationship that promote the risk of IPV?
3. What are the coping mechanisms of women who experience IPV?
4. What are the structures or facilities that IPV victims seek recourse from and in what ways do they promote (or not) disclosure of IPV by the survivors?

Since these questions were descriptive in nature, thus qualitative methods were deemed appropriate for this study.

4.2. The interpretive research paradigm

A paradigm signifies a worldview that outlines the nature of understanding the world thus serving as a roadmap that guides the researcher with the appropriate approach and methods to follow for a study (Ponterotto, 2013). In this study, the paradigm of choice is an interpretive

research paradigm. The interpretive paradigm's ontological stance is relativism where multiple realities exist in that they are viewed to be subjective and unique to each individual (Mukhopadhyay & Gupta, 2014; Scotland, 2012). The interpretive paradigm epistemologically views knowledge of reality as stable and external which is experienced differently by each individual but is valid for each participant (Ponelis, 2015). In this study to understand the lived experiences of IPV, it was acknowledged that those experiences are true and real for each participant. Interpretive research enquiry allows researchers to understand lives from the perspective of those who have lived them by supplying a context of experience thus increasing understanding (Jansen & Davis, 1998).

The interpretive paradigm best suits this study as each participant's- reality is considered as valid and true to that individual. The study's drive was to understand each participant's viewpoints in their own context. The interpretive paradigm permits viewing the world through the observations and experiences of the participants. In line with this paradigm are the principles of feminism about respecting women's unique ways of knowing, destabilizing power relations in the research process, and confronting socially and structurally constructed gendered inequalities (O'Shaughnessy & Krogman, 2012). These principles underscore an inclination to give voice to women through qualitative research methods.

The study was informed by interpretive phenomenology which allowed the researcher to search for an understanding of the lived experiences of the women from their own voices. Interpretive phenomenology allows researchers access to rich, contextual data and meaning from human lived experiences (Crowther, Ironside, Spence & Smythe, 2017). Wojnar and Swanson (2007) maintain that at the centre of phenomenology is an effort to understand and explain a phenomenon as experienced by those who have lived through them. The phenomenon which was pursued to understand in this enquiry was the individual participants' lived experiences of IPV.

Quick and Hall (2015) argue that phenomenology is important in understanding the participant's experiences and to give meaning to these experiences. Interpretive phenomenology (hermeneutics) is grounded on the standpoint that people's perceptions cannot take place separately from their beliefs, environment or historical period in which they are situated (Larkin, 2011; Wojnar & Swanson, 2007). This is why the researcher considered the ecological model as a theoretical framework as it covered different factors that shape how women experience IPV. The feminist approach emphasizes the inequalities of power relations

in the lives of females, including the rapport between the researcher and the participants (Jansen & Davis, 1998). Therefore, these authors argue that the feminist perspective promotes research relationships that diminish unequal power relationships. In this study, this is achieved by allowing ownership of participant's realities by involving them in the analysis of data through member checking and allowing them in communicating in their language of choice. This involved presenting the analysed data back to the participants to obtain their opinions on the researcher's emerging understanding of their experiences of IPV.

4.3. Sampling

4.3.1. Purposive Sampling

Luborsky and Rubinstein (1995) argue that sampling in qualitative research involves the selection of participants with the goal of understanding the individual's naturalistic perception of self. Purposive sampling was selected as the collection method for study respondents. Purposive sampling method was chosen as the study aimed to gather lived experiences of IPV amongst women. Carter and Little (2007) contend that purposive sampling aids in selecting individuals that serve an investigative purpose rather than to be statistically representative.

Purposive or purposive sampling allowed for choosing those participants that possessed the features that were essential in answering the research questions, and those features were women with experiences of IPV in the recent past (Koerber & McMichael, 2008). The decision to use this sampling technique was based on the aim to recruit participants who had lived experiences of IPV hence conducting the study on a shelter for women survivors of IPV. Purposive sampling as a sampling technique aids in selection of closely defined group of participants who can provide rich and thick description of their experiences and whom the research question is more significant to (Chapman & Smith, 2002; Koch, Niesz & McCarthy, 2014). Koerber and McMichael (2008) posit that purposeful sampling as a method allows for a representation of a broad range of individual experiences about a chosen phenomenon.

The selection criteria for the study included women who were older than eighteen years of age, and have experienced IPV. This was to ensure that the participants could personally make a decision to partake in the enquiry. Informed consent was required from each participant and upon agreeing to partake in the study, they signed a consent form (see Appendix B). A further inclusion criterion was that the women had to have been romantically involved for at least a period of one year before the study. The only reason for this was to

ensure that there had been a reasonable amount of time for the women to judge the status of their relationships.

4.4 Recruiting the participants

The respondents were obtained from a non-profit organisation (NPO) which provides temporary residence to women who have experienced IPV. This NPO not only provides shelter to the women and their children but also offers skills training to prepare the women for employment and thus enhance their independence. Women who are unemployed are afforded more time to stay while they seek employment while those who are employed can make day visits. The shelter has a social worker who makes scheduled visits and offers counselling to the women. This NPO was identified by the researcher and rapport was built firstly with the manager.

This NPO was deemed as the best place to recruit women who have experienced IPV as it provides shelter for survivors of domestic violence. The researcher initially approached several shelters for abused women that are situated around Johannesburg and that appeared on Gauteng province's social development database. The contact was made through emails and telephonic calls to set up appointments with the managers of the NPO's (see Appendix A). The researcher met with the manager of this NPO in Johannesburg and explained the aim of the study and after being granted permission, the researcher made regular visits as a volunteer in the organisation. Rapport was built with the residents of the NPO as well as with the social worker assigned to the organisation. The researcher approached the women after having built a relationship with them. After several visits, the researcher asked the social worker to give the women the consent forms and for those women who did sign, the researcher arranged to meet them for interviews at a time convenient to them. The researcher thought it would be important to involve the social worker from the beginning for professional purposes since the participants may have been distressed.

A total of ten women indicated interest but two of them were due to leave thus they could not participate. Out of the eight participants in the study, seven were full-time residents of the NPO while one was an outpatient who came for counselling sessions with the social worker. Seven of the women who participated are black African, one of mixed race and were all South African nationals. African in this study is defined as people of African ancestry. Most of the participants were born in other provinces of South Africa and had been in Gauteng mainly for employment purposes.

4.5 Data collection procedures

The number of participants that shared their experiences in this study were eight and none withdrew their participation. The participants were given the consent forms by the social worker and for those who were interested to participate had to indicate to her prior to signing the form. The researcher then collected the forms after a week and set up interviews for those who were willing to partake. The number of participants recruited was sufficient as the researcher believed that it was the quality rather than quantity that would contribute rich, insightful analyses and at the same time provide development of deep personal information for the study (Larkin & Thompson, 2012). Information was obtained through one-on-one semi-structured, individual interviews carried out by the researcher. Hewitt (2007) states that semi-structured-interviews use an interview guide to facilitate a more focused exploration of a specific topic.

The interviews followed the researcher's interview guide which contained open-ended questions that covered the ecological factors. Open-ended questions were used as a means to obtain a deep and insightful understanding of the women's experiences of IPV. These questions were developed after reviewing existing literature and identifying a gap in the studies of women's lived experiences of IPV. This type of questioning was chosen as the researcher reckoned it will elicit participant experiences through effective interviews as a key means of collecting data in qualitative research (Hunt, Chan & Mehta, 2011). Castillo-Montoya (2016) argues that unlike ordinary conversations, the purpose of interviews is to discover facts relative to the study at hand. As such the researcher developed questions that would probe and enhance an understanding of the women's lived experiences about IPV (see Appendix C). This meant that the interviews were led by the participants while guided by the researcher as the planning and conducting of interviews was done by the researcher on the time convenient to the participants

Even though the interview guide was a tool utilised to gather information from the participants, flexibility was preferred where required. Chapman and Smith (2002) argue that semi-structured interviews allow for modifications of initial questions considering responses and the researcher can probe interesting areas that arise. One-on-one conversations allowed the women to freely reply to open-ended questions as they desire, and the researcher could probe these responses for more clarity (McIntosh & Morse, 2015). These conversations were conducted in English and audio-recorded with permission granted by the participants prior to

the commencement of the interviews. The decision to conduct the interviews in English was taken after consulting the participants on their preferred language. This is explained more under the ethic of respect.

The interviews were conducted at the NPO's boardroom as it provided privacy and a relaxed environment. Prior to commencing, the women were reminded of the aim of conducting the enquiry and that they could stop the interview if they felt distressed or uncomfortable. Since rapport was already built, this meant trust as well as openness and thus allowed participants to be at ease during interviews. The interviews started with the researcher gathering demographic information of the participant and then asking questions about their experiences of IPV. Demographic information was gathered as it was hoped it would clarify some ecological factors that influence the experience of IPV. Table 1 shows the demographic data for the study participants.

Table 1

Biographic data for the study participants

Pseudonym	Age	Education level	Number of children	Occupation status
Daisy	30	Grade 12	2	Unemployed
Dora	36	N6 Engineering	2	Unemployed
Lisa	36	Grade 12	3	Cashier
Thelma	25	Grade 11	1	Self-employed
Suzanne	50	BA degree	4	Teacher
Lorna	28	Grade 8	2	Hairdresser
Portia	22	Grade 10	1	Unemployed
Prunella	40	Grade 12	3	Unemployed

Note: Pseudonyms are used to protect the identity of the participants

The interview questions asked were broad and open, aiming to gather in detail women's lived experiences with probing used for more clarification. The initial interviews were about 45 minutes in duration. After the initial documents were analysed modifications were done to the interview questions to cover areas that emerged from previous interviews that were

regarded as important and interesting. The follow-up interviews were shorter as they were more about authenticity and clarification of data that emerged from the initial interviews.

When the interviews were done, refreshments were provided for all the participants to show gratitude for their time. Acharya, Norton and Lumeng (2017) note that compensation should reimburse the participants for their time and effort but should not be so large that it is coercive and exert undue influence for participation. The refreshments provided were a sign of gratitude for the participants' time and could not have influenced their judgement in partaking as they did not bring any gain for the participants. The women were reminded that they could see the social worker for counselling after the interviews. The social worker waited in her office for any participant that felt distressed after the interviews, but none indicated a need for her services. The researcher continued to volunteer her time to the organisation even after the interviews were completed as a way of showing gratitude.

4.6 Data analysis procedures

Interpretive phenomenological analysis (IPA) was chosen as an analysis technique in this study. Choosing this method was due to IPA's ability to grant a distinctive interpretative account of the cases included in the study. IPA was chosen in this study of IPV as it aims to provide detailed examinations of personal lived experiences (Smith & Osborn, 2015). IPA involves a detailed case-by-case, aiming to make sense of each participant's transcript. The data obtained during the interviews was voice-data which was later transcribed by the researcher verbatim in English.

IPA as an approach theoretically embedded in conceptual principles of phenomenology, hermeneutics and idiography. Smith (2004) mentions that the principle of phenomenology tries to deeply search the participant's lived experience and how the participants make logic of that experience. It is a double-interpretative process (double-hermeneutic) where the participant is trying to make sense of their world while the researcher is also making attempts to make sense of the participant making sense of their experiences. This means that IPA recognises that the researcher's own conceptions influence the sense-making of the person being studied (Chapman & Smith, 2002).

Clarke (2009) argues IPA places emphasis on interpretation on the part of the participant and the researcher, and this involves avoiding simple description of the participant's experiences to aiming to achieve an insight of the experience and the setting and it is all-encompassing of both the participant and the researcher. This is achieved through idiography. The principle of

idiography is based on focussing on a single instance in its entirety before moving on to the next case. As such during analysis, the researcher tackled each transcript individually, attempting to make sense of each participant's experience wholly before moving to the next transcript. Smith (2004) contends that the principle of idiography involves a detailed examination of each case until achieving a point where there are no new concepts that emerge then tackling the next transcript and then thoroughly analysing that and only when all the cases have been analysed individually can a cross-comparison and general claims be made. Larkin and Osborne (2012) posit that the principle of idiography means concentrating on the sense of experience to a given participant and recognizing its significance to that participant. This requires paying attention to each participant's account separately and in full before making comparisons with other participants' accounts. The researcher in this study focussed on each participant separately before making cross-comparisons for all the participants.

The data analysis included an ongoing and iterative process that occurred simultaneously with the data gathering. The interviews were held on different occasions to allow for time for analysis. This allowed that at times the researcher had to change or modify interview questions as new understandings emerged from data prompting new ideas. This modification ended when the researcher noticed that no new information emerging but rather data was becoming repetitive. The interviewer did not use any computer data analysis software. Instead, data was manually analysed using Microsoft Word.

Six steps used in analysing data using IPA (Smith, Flowers & Larkin, 2009):

1. read and reread data to familiarise yourself
2. initial coding of data
3. noting the developing themes
4. probing for links in themes
5. move to the subsequent item and repeat above the steps
6. look for patterns across cases

The first step taken in analysing data was the researcher immersing herself in the data to comprehend its meaning in its entirety (Bradley, Curry & Devers, 2007). Each participant's transcript was studied in detail until the researcher was convinced that there was no new information that came up from that transcript. Smith (2004) mentions that the researcher must focus on one case and examine it until there is some degree of closure before moving on to the next case. The transcriptions were individually read and reread several times to make an

initial understanding of the data in its entirety. The researcher used the comment function within Microsoft Word to write notes about insights that emerged while reading the transcript. The researcher used descriptive comments for emotional responses and explanations that leapt out as part of recalling the interview. This was achieved through the process of double hermeneutic, whereby the researcher was making sense of the participants constructing logic of their experiences of IPV. Expressive remarks were done based on the content of the transcript. Smith and Osborne (2015) contend that each reading brings the potential for new insight hence reading the transcript several times is important.

The next stage in the analysis involved the initial coding of data. Saldana (2009) defines coding as a method that enables one to organise data into categories that share characteristics. Larkin and Thompson (2012) advice that this coding should be done on a clean copy of the transcript to be able to do a line-by-line annotation. The focus was on the language used, the tone of the voice and non-verbal gestures that the participant used to reveal the matters of concern. This stage was cyclic while staying close to the data, the researcher was also developing emerging interpretations.

The third step in the analysis involved using second cycle methods in coding to develop themes using the primary notes made and codes. These were reanalysed to develop a coherent synthesis of data taking context into consideration then grouping the codes into themes that shared meanings. The researcher moved into a more interpretive stage of analysis by developing conceptual meanings to emerging themes. This identification of themes came through clustering the information that had similar meanings into brief expressions that captured the critical worth of what was discovered in the transcript (Smith & Osborne, 2015). With these themes, the researcher took the data back to the participants for confirmation (member checking). Member checking was achieved by giving each participant a duplicate of their data transcription to check for its truthfulness in the interpretation of their experiences and if they felt that the researcher misinterpreted them, to provide clarification.

The next step involved making connections between the themes that emerged. This involved searching for similarities, differences or contradictions that the participant made to get the super-ordinate themes from each individual transcript and then subsequently across cases. Larkin and Thompson (2012) advise in organising the themes into clusters of objects of concerns and the meanings attached to those. This also allowed for an easy way to trace connections later.

The fifth step was to move to another transcript and the above steps were repeated. It was deemed important to analyse each transcript separately to achieve understanding for each individual's experience of IPV.

The last step involved developing a structure that illustrated a pattern across the cases. This involved labelling the identified themes into super-ordinate themes that represented the content of the material within them. The super-ordinate themes were then arranged in a table format and linked to the sub-ordinate themes and the subsequent participant's comments.

4.7 Reflexivity

Reflexivity is defined as a process of repetitive discussion and acute self-assessment of the position of the researcher as well as active acknowledgement and open appreciation that this point may impact the study course and result (Berger, 2013). Shaw (2010) argues that reflexivity is not only an awareness-raising activity that researchers take part in prior to and throughout the data collection process but is also an important component of each stage of the research journey. As Goldblatt and Band-Winterstein (2016) mention, the process of reflexivity is about self-awareness and thoughtful scrutiny of the inter-subjective dynamics between the researcher and the participants. Therefore, it is imperative to acknowledge that the researcher comes into the participant's world having subjective beliefs and understandings. The researcher created a reflexive journal to record that was also used to record field notes during the interviews.

The researcher entered the researcher-participant relationship not as a blank individual but with preconceived ideas about gender-based violence. Having read much literature about gender-based violence and specifically IPV, the researcher felt an urge to explore the phenomenon and thus add theoretical knowledge. The theoretical understandings and underlying assumptions of the researcher were those of a feminist and these sparked curiosities to explore the phenomenon of IPV. In meeting the women with experiences of IPV, I expected to meet people who were discouraged and hopeless but what I encountered were people who had plans about their future and were hopeful about romantic relationships.

The participants were all black African women with an exception of one participant, as such the researcher never felt different to the participants in terms of race. Having worked and spent time interacting with people from other races, the researcher did not regard that race would have an influence on how the researcher conducted interviews or related to the participants. The experience of gender-based violence is irrespective of class, age or

ethnicity. One of the participants mentioned that experiencing gender-based violence is common to most women in South Africa. This brought back memories of walking to campus and when passing a group of men as a woman you often received whistles and disgraceful comments about how “sexy” you look. This prompted the researcher to have a reflective journal to record thoughts, feelings and reflections during data collection and analysis.

Having met most of the participants before interviews commenced, the researcher got a sense that she was of the same age group as most of the participants. This meant that conversations could be comfortable and not anxious due to an age gap. Indeed, the researcher sensed that the women were relaxed and willing to talk about their experiences. However, one of the participants was much older and the atmosphere was much different as compared to the other interviews as the researcher felt that the interview was more formal which could have been due to the age difference. I felt that due to the age difference and perhaps to my appearance she felt that I was much younger, and she may have been cautious in opening up and sharing her experiences. However, on the follow-up interview, the atmosphere was relaxed and on reading transcripts, I felt that her story had so many layers as compared to the other participants.

The researcher was cautious when building rapport with the participants not to come across as judgemental regarding educational attainment. When conducting interviews, I felt disappointed that a few of the participants had not attained Grade 12. This, however, did not have an influence on the relationship on my part as I still made the participants comfortable and I learnt a lot from their experiences. I later realised that this was a bias that I had, and it was important that I address that.

4.8 Ethical considerations

Due to the sensitivity of the phenomenon being researched in this study, it was vital that ethical considerations and protocols be at the core of the study. According to Quick and Hall (2015), ethics are guidelines that are there to guard the dignity, wellbeing, civil liberties and interests of participants in research studies. This study was implemented in accordance with the ethics clearance granted by the University of South Africa's Research Ethics Committee number PERC-17060 (see Appendix E). The researcher ensured that ethics were an integral aspect of all the decisions and acts taken in the study. How these were achieved is explained in the next section.

4.8.1. Informed consent

Prior to the participants partaking in the study, the researcher asked for their permission. This permission was asked in a briefing session prior to the commencement of the study where the researcher explained the aim and the purpose of the study as well as the right to voluntarily partake and exit the study. Hewitt (2007) defines informed consent as an overt agreement by the participants to take part in research after being provided with information and have achieved an understanding concerning the nature of the research. In this study, the researcher explained to the women explicitly that their contribution was voluntary without using coercion nor deception. The intention of conducting the research was clarified to all the women prior to participating without using any jargon but in a simple language that everyone could understand. Guillemin and Gillam (2004) contend that informed consent is the core practise of the study where clarification about what the research study is about should be presented to the participant so they can make an informed decision on whether and on what it takes to participate. The participants were repeatedly informed that they can end their involvement at any time during the study if they were uncomfortable. This gave the participants knowledge to base their decision on and to make informed decisions. Peled and Leichtentrirt (2002) posit that information and knowledge are fundamental for achieving a judgement of authority and control over one's life. This emphasis on voluntary participation was to ensure that the participants can make an informed decision when giving consent to participate in the study.

4.8.2. Anonymity and confidentiality

The decision was to use pseudonyms to ensure anonymity. The pseudonyms were names given to each participant with no meaning other than for identification purposes. Owing to the sensitivity of the topic, this is one of the key ethical principles that was adopted in this investigation. The interviews were done one-on-one and none of the information that was discussed during the interviews were shared with people outside the study. To protect and preserve the participant's confidentiality, the researcher ensured not to share any of the participants' information that could compromise their anonymity. The researcher aimed to create an atmosphere that allowed for trusted conversations as such did not include a translator so not to undermine the right of confidentiality for the participants as well as to reduce the loss of meaning during translation.

4.8.3 Beneficence

Hewitt (2007) describes beneficence as a principle that includes a duty to offer reimbursements for the participant and to balance those against risks. The researcher made it clear that there were no benefits that would be directly accrued to the participants for taking part in this study. To that end, no monetary or material promises were given to the participants. However, the researcher continued to provide voluntary services for three months after data collection as a way of showing gratitude to the assistance rendered by the organisation.

4.8.4. Avoidance of harm to participants

This study has not subjected the participants to any harm. Since the sharing of experiences of IPV has a possibility to evoke distress, the researcher liaised with the social worker of the organisation to provide counselling for participants however none utilised this service. In this study, while aiming to gain as much knowledge from the participants as possible, the researcher practised empathy during interviews and arranged with the resident social worker to provide post-interview counselling where needed. In this way the participants could share their experiences with someone who was willing to listen empathetically, was responsive and that had a possibility of eliciting catharsis from the participants. Haahr, Norlyk and Hall (2014) postulate that an attentive and responsible researcher does not leave a participant in distress but stays, listens and ensures that the interview is properly and professionally ended. The benefit of permitting the women to talk about their lived experiences in an open and encouraging way outweighed the risks of uneasiness that may have been brought by the interviewer's questions and by debriefing (Kjellstrom, Ross & Fridlund, 2010).

4.8.5. Respect

To ensure respect for the participants, there was no coercion nor manipulation used by the researcher for gaining information. This was achieved by only interviewing those who were keen to join the study. Respect was also achieved by setting up the interviews at a suitable time that was convenient to the participants and using the language the participants felt comfortable on. The participants indicated to be comfortable in communicating in English. As such, the researcher took a decision to conduct the interviews in English after each participant indicated to be comfortable in this language. The decision was also influenced by the principles of feminist research that aims to achieve equal power relations between the researcher and the participant hence consulting the participants on preferred language and

respecting their decision. The opinions and views of the participants were also respected even when they differed from those of the researcher. The participants had the freedom to express their views without being judged. To avoid any misunderstandings, questions were asked to gain a deeper understanding of their views and opinions.

4.9 Measures of trustworthiness

These are measures that have been taken to ensure the truth-value of the study. Trustworthiness, also known as rigour, is defined as the truth value of the study, the degree of assurance in the collected information, how the information was interpreted and methods used to safeguard the quality of the research (Connelly, 2016; Amankwaa, 2016). Below, a description of measures has been taken to ensure that there is confidence in the study is provided.

4.9.1. Credibility

In order to determine the credibility of the study, it is important to ask the data sources (participants) whether the researcher's analysis, formulation and interpretations are credible (Guba & Lincoln, 1982). That is, whether the researcher reported on what the participants said. This was done in this study through member checking. This is defined as a method of returning analysed data to a participant to validate, verify or assess the truthfulness of the results (Birt, Scott, Cavers, Campbell & Walter, 2016). After analysing the collected information and prior to submitting the findings, the researcher met with each participant with a duplicate of their collected information to verify, confirm and, where necessary modify findings.

Guba and Lincoln (1982) recommend prolonged engagement at the research site to overcome distortions that can be brought by the researcher's presence. The prolonged engagement was achieved by spending a considerable amount of time in the organisation as a volunteer to form a bond of trust before commencing the study. Morse, Barrett, Mayan, Olson and Spiers (2002) argue that this ensures that participants share their experiences without fear of judgement from the researcher. Additionally, ensuring the credibility of the study involves ensuring that the sample is appropriate and consists of participants who best represent the research phenomenon. The research purposefully included those participants who have lived experiences of IPV in this study.

Guba and Lincoln (1982) contend that transferability is demonstrated by showing whether data can be a representative of the population to which generalizability is sought. These authors posit that to ensure transferability, the researcher has to offer a thick depiction of the context of the study. This has been achieved by providing the background of the phenomenon being studied. However, in IPA studies such as this one, the concern is with individual experience and as such cannot adhere to generalization. Connelly (2016) maintains that qualitative research focuses on contributors' experience without saying that is applicable to all. Thus, transferability rests on sharing the context of the study which then can be replicated, and conclusions are made. The researcher in this study has shared the study context and the phenomenon being studied and that should form the basis for transferability. Amankwaa (2016) indicates that for transferability to be possible, the researcher must describe the studied phenomenon in detail, to enable others to assess the scope to which the inferences drawn are convertible to other people, situations and locations. In this study details of the phenomenon studied, the theoretical framework which the study was embedded on, the methodology followed in gathering and analyzing data, are supplied to ensure transferability.

4.9.2. Dependability

Guba and Lincoln (1982) mention that the concept of dependability means the stability of the results of the study. In other words, if the study can be replicated using a similar design, the results should be the same. To ensure dependability, the researcher has shared all the steps and decisions taken in planning, collecting as well as in analysing the data. Records of everything that has been done during the investigation is one way of verifying the findings (Amankwaa, 2016). The researcher thus believes that replication of the study can be achieved. Connelly (2016) argues that for one to achieved dependability there should be an audit trail that can allow others to repeat the study in similar conditions. This can be achieved by keeping process logs, which is defined by Connelly (2016) as notes of all the activities that the researcher took and the reasons for those aspects. In this study, the researcher has kept process logs for the study.

4.9.3. Conformability

Guba and Lincoln (1982) define conformability as the magnitude to which the research findings are moulded by the participants and are free from the researcher bias. Connelly (2016) says that conformability is the neutrality of the findings. Member checking has been

done in this study and that is how conformability was achieved. This ensured that the results are those of the participant's experiences and free from researcher bias.

4.10 Summary

This chapter chronicled the procedures followed in this study and the justifications for such methods were provided. The section explained the philosophical approach of the study, the sampling methods used in the study as well as procedures followed to gather and scrutinise the data. Ethical considerations that have been adhered to, were also explained. Lastly, the measures to ensure the truthfulness of the study were presented. The following segment presents the research findings as well as discussions.

Chapter 5: Findings and their discussion

Presented in this section are the research findings as well as their discussion in line with the theoretical lens adopted. This study intended to understand women's lived experiences of IPV at a non-profit organisation in Johannesburg, South Africa. The findings are based on the data collected with the women during individual, one-on-one semi-structured interviews and were later analysed by means of interpretative phenomenological analysis (IPA).

The presentation of this chapter is outlined as follows: firstly, an introduction for each participant is presented to provide a brief background. The background of each participant contains demographic information which is integrated into their interpretation of their experiences of IPV. Secondly, four superordinate themes with their subordinate themes are presented and discussed using the relevant literature and theoretical underpinnings of this study (see Appendix D). The participants' voices are included as extracts (block quotations) from the transcripts of the interviews.

5.1. Introducing the participants

In the study, the eight women that participated are referred to using pseudonyms. All the women were black African and originating from previously disadvantaged groups. Although the participants were residing in Gauteng at the duration of the study, most of them were originally from other provinces of South Africa.

Participant one: Daisy. Daisy is 30 years old, unemployed and possesses the highest education qualification of a Grade twelve. Daisy is unmarried and had been staying with her

partner of six years with their two children. She remembers how her experience of IPV began early in her relationship and severity increased after the birth of her children. Conflict resulting from excessive alcohol consumption by her partner often led to IPV. What prompted disclosure of her experience was being badly injured and Daisy's mother forced her to report the matter to the police. Daisy reported that upon reporting her IPV to the police, she received help while the nurses whom she was helped by, were rude and were judgemental.

Participant two: Dora. Dora is 36-years-old and unemployed with the highest educational attainment of N6 certificate in electrical engineering. Dora has been married for the past ten years and has been residing with her two children and their father at a township near Pretoria before moving into the shelter. She filed for divorce upon realising that her experience of IPV was worsening after her husband lost his job. Dora had experienced different kinds of IPV ranging from physical, emotional as well as financial abuse in the ten years of her marriage. Dora narrates that she never reported the matter to the police as she felt it was a private matter and feared that her reporting the matter to the police would result in an arrest and therefore worsening the situation.

Participant three: Lisa. Lisa is a 36-year-old woman with Grade eleven education attainment and is employed in a retail shop. Lisa is unmarried with three children, two of her children are from previous relationships. Lisa has been staying with her partner for about two years. They have one child together that she recently gave birth to, while her older children stay with their fathers as she felt they can better provide for them than she would. Lisa remembers that at the beginning of the relationship her partner dictated how she dressed which she initially considered as caring. She, however, realised that it was abuse when her partner started controlling whom she spoke to and interacted with on social media. Their arguments would intensify when both had consumed alcohol and Lisa shared that alcohol helped her forget and cope with her IPV experiences. Later Lisa found out that her boyfriend was dating other women and when she confronted him, he assaulted her leading to her seeking medical attention. It was this unfortunate event that led her to disclose her IPV experiences to the nurses and with their help, she was able to leave the relationship.

Participant four: Thelma. Thelma is 25-years-old with one child. Thelma's highest education attainment is Grade eleven and she is self-employed, selling cosmetic products in her area. Thelma had been staying with her boyfriend of two years in a rented shack in the

township for over a year. Their relationship started after meeting at a popular hangout spot in their township. Thelma's boyfriend was married to another woman and wanted Thelma to stop consuming alcohol and visiting taverns to prove her worth of being his wife one day. This sparked arguments that later resulted in Thelma's boyfriend physically assaulting her. Thelma was scared to report the assaults to police believing it was God punishing her for dating a married man. Thelma went to social workers to seek help for the abuse and that is how she exited the relationship.

Participant five: Suzanne. Suzanne is a 50-year-old woman who is a primary school teacher with four children. Suzanne's highest educational attainment is a Bachelor's degree in education. Susan has been married for twenty-four years and is currently going through a divorce. During the study, Suzanne was an out-patient client at the shelter. In the twenty-four years that Suzanne had been married, she suffered IPV for twenty-two years. She mentioned that her husband had always looked down on and disrespected women but after giving birth to girls, he became openly abusive and blamed her for giving birth to girls. Susan suffered multiple types of IPV and endured all those years for her children's sake. IPV affected her work performance as she was hospitalised multiple times. Her decision to leave her marriage was heavily based on the wellbeing of her children as they had witnessed most of her IPV experiences.

Participant six: Lorna. Lorna is a 28-year-old woman, has two children and works as a hairdresser. Her highest education attainment is Grade eight. Lorna has been involved with her boyfriend for three years and those years have been characterised by IPV experiences. Lorna is an untrained hairdresser and as such does not earn a stable source of income leading her to depend financially on her boyfriend. Lorna's boyfriend tried to get her to stop drinking alcohol which would be the reason for their conflict. He would then stop buying food and necessities as a way of punishing Lorna. After an altercation with her partner's girlfriend that resulted in her being physically assaulted, she had to seek medical attention and that is how she exposed her IPV experience.

Participant seven: Portia. Portia is a 22-year-old woman with a six-month-old baby and is currently unemployed. Her highest education attainment is Grade ten. Lack of funds led her to drop out of school before she could reach matric. Portia was staying with her boyfriend's family prior to coming to stay at the women's shelter. Portia's boyfriend started being abusive after she fell pregnant and he denied the paternity of the child. When Portia moved

in, her boyfriend started coming home late and drunk. Portia tried to get her boyfriend's mother involved but she was not supportive. After her boyfriend brought a girl home one night, she remembers watching them in the bed she shared with her boyfriend having sexual intercourse. The following day, Portia was admitted to hospital and was later diagnosed with post-natal depression. She was then referred to the women's shelter together with her child.

Participant eight: Prunella. Prunella is a 40-year-old woman with three children. Her highest education attainment is Grade 12. Prunella has never been employed. Prunella has been in an abusive relationship for over ten years. Prunella's partner abused her verbally, emotionally, physically and financially. He refused to have Prunella search for employment as he believed that it was his role to provide for their family and would threaten that he would take the children away from her. The belittlement that Prunella has suffered from her partner resulted in her doubting her capabilities and made her anxious about her future.

5.2. Findings and discussion

In this section, the superordinate themes that emerged from the IPA process are presented- detailing the women's lived experiences of IPV. The superordinate themes were grouped and presented into the ecological levels to allow the researcher to demonstrate how the different levels influenced the women's interpretations of their IPV experiences. It is significant to remember that the themes cannot be viewed as existing in isolation from each other as they are interlinked.

5.2.1. Experiences of IPV at the individual level

This superordinate theme refers to the elements that were highlighted by the participants to be those characteristics that each individual brings to the intimate relationship, that are shaped by experiences from the family of origin including values, beliefs and resources. These elements influence individual behaviours such as education level, use of substances as well as traits (Ali & Naylor, 2013). This superordinate theme describes the individual elements that the participants felt to have contributed to their experiences of IPV. In this superordinate theme, the following subthemes emerged: internalized views about childhood experiences of violence and mental health effects of exposure to IPV.

5.2.1.1 Internalized views about childhood experiences of violence

Internalized views about violence as a subtheme pertains to the participant's descriptions of how their childhood experiences of violence influenced and shaped their lived experiences of

IPV. The participants reported how being exposed to certain situations in the family of origin shaped and influenced their IPV experiences by providing models for behaviour in their intimate relationships. The participants reported exposure to violence as well as traumatic life experiences in childhood. They linked their childhood experiences to their experiences of IPV in adulthood and that shaped their experiences. The literature demonstrates that exposure to interparental violence and reports of receiving corporal punishment may shape views that IPV is normal (Yount & Krause, 2017). Beliefs that violence is justifiable lead to fewer chances of reporting it or seeking help.

The participants reported that growing up in families where violence manifested, influenced their acceptance of violence in certain situations. In response to probing of early exposures to aggression in childhood, Lorna stated:

Yeah, while growing up as kids we used to be beaten if we have misbehaved. It was normal to me and I saw nothing wrong with that (Lorna, I₆).

Exposure to violence as a child could have been imprinted in the participants' minds and learnt as correct behaviour. Inevitably, when faced with violence during adulthood, these early experiences increase their likelihood of accepting IPV. This contributed to how the participants regarded violence to be a correct tool to elicit the desired behaviour even in their intimate relationships. This is evident in Lorna's statement of not perceiving anything wrong about being physically punished as a child. This finding is in agreement with Franklin and Kercher (2012), who found a significant relationship between receiving punishment during childhood and increased odds of IPV victimization in adulthood. Similarly growing up in a family where violence was normally influenced how the participants viewed IPV. Lisa mentioned:

I grew up in a big family with my siblings, cousins, uncles and aunts all in our grandmother'-s house. Fighting was normal and from early on I learnt that I need to be able to stand my ground (Lisa, I₃).

Lisa's contention that she had to learn earlier to stand her ground indicates that growing up in an environment where violence was normalised shapes how one perceives violence. Family environments that normalise violence as a means of resolving conflict can lead to children reinforcing and internalised such behaviour. The participants also reported being exposed to parental conflict as children. According to social learning theory, exposure to violence provides a child with schemas that structure individuals' beliefs that normalise violence in

intimate relationships (Powers et al., 2017). Henke and Hsu (2017) argue that exposures to parental IPV intensify the likelihood of imitation or accepting those behaviours in adulthood. On the contrary, even though initially the women held attitudes that accepted violence, the participants reported that they aimed to break the cycle of abuse from being carried through their children. Daisy had this to say:

My mother had been through these things, I mean she used to lay in bed for days from my father's abuse. I vowed that my children were not going to see me like that. Hence I had to put an end to it (Daisy, I₁).

Daisy reported how as a child witnessing her mother being abused influenced her to seek help when she was faced by the same ordeal in her adulthood. This indicates that witnessing violence in childhood shaped Daisy's attitudes about violence in that she saw the negative effects of violence. As such, when she was faced with IPV she took action to end the cycle of violence. Similarly, Thelma shared her childhood experiences of violence and how those influenced her decisions to seek help:

I had enough and could not allow that to happen. I mean look I grew up seeing what violence did to me and my brothers. My father would hit so much we would miss school because of his beatings. I knew then that I did not want such a life for my children. I couldn't put them through that so for them to have a better life, I had to leave my abusive partner (Thelma, I₄).

Both Daisy and Thelma's reports demonstrate how their experience of witnessing parental IPV influenced the decision to seek help for themselves and their children's sake. This indicates a deliberate effort in safeguarding their children's well-being, an indication that women exposed to interparental violence are cognizant of the negative effects of violence on children. This finding is in agreement with a finding by Miller and Manzer (2018), who found that mothers surviving IPV continuously make deliberate choices to protect the well-being of their offspring. These early experiences of aggression may have been mediated by other factors that interplay in influencing behaviours hence Thelma's contention of ending her abusive relationship.

The participant's contentions indicate that in their earlier years there were exposures and experiences of violence which shaped their experiences for IPV later in adulthood. These early adversities coupled with IPV could have exacerbated participants' negative mental health outcomes which will be discussed in the next subtheme.

5.2.1.2 *The effect of mental health vulnerability on women's IPV experiences*

This sub-theme discusses the women's reports of mental health outcomes as influential in and resultant from their experiences of IPV. Participants described how prior exposures to traumatic events in childhood shaped their worldviews, perceptions and therefore influenced their mental health outcomes. These early experiences were found to have significantly influenced how the participants approached intimate relationships. This was evident from Suzanne who reported a childhood that was characterised by trauma from losing her parents and emotional abuse thereafter from her paternal uncle:

I lost my parents when I was very young, and my paternal uncle and his wife raised me. Anything that went wrong in the house would be my fault and they would say I won't amount to anything. I always cried, feeling that they did not love me because I was not their child (Suzanne, I₅).

The impact of the quality of relationship with her primary caregivers affected Suzanne's development as a child and may have resulted in attachment difficulties. Her feelings of being unloved could have been carried through adulthood thus shaping her experiences in intimate relationships. Okafor et al. (2018) discovered that a past characterised by trauma in childhood is related to depressive symptoms. This is in line with Yan and Karatzias (2016) who state that women who have been abused as children are more likely to display difficulties in psychological functioning. Lisa said:

Growing up where you constantly have to fight for yourself, it becomes difficult to trust another person. You get to know that nobody has your back (Lisa, I₃).

Lack of trust indicates early attachment issues that Lisa entered her intimate relationship with that may have shaped her interactions with her partner. Bonache et al. (2016) postulate that attachment style was associated with IPV because it shapes communication in the relationship and thus how conflict is addressed. These early experiences coupled with IPV shaped and worsened the participants' experiences. When describing the influence of IPV on their mental health outcomes, the participants cited that their partners often used psychological abuse to inflict harm. This manifested as threats that resulted in stress about anticipating future outcomes in the intimate relationship. The participants described living in a context of fear, uncertainty, anxiety, depression and perceived burdensomeness. This

manifested as fear and helplessness as the participants were uncertain of what would happen next in their relationships.

I was ashamed to be seen in that state, bruised and injured. I lived in constant fear of what would happen next. I just did not know what to do
(Daisy, I₁).

Daisy shared how IPV brought uncertainty and fear in her life. This indicates powerlessness over her circumstances, therefore, restricting and limiting her positive expectancies for her life. Daisy's uncertainty put her at further risk of victimization in her relationship as it indicates an attempt to distance herself from the problem and is characteristic of disengagement which has been found to commonly occur on women who have been exposed to psychological abuse (Shepherd-McMullen et al., 2015). Relating that she was ashamed to be seen in such a state indicates how those who are stigmatized often internalise IPV treatment and blame themselves, are ashamed and anticipate undesirable judgements from others (Kennedy et al., 2018). Indeed, the participants cited that they perceived others to be judgemental of their situations and that affected their views of self. The psychologically damaging effects of IPV for survivors may result in psychological paralysis which may result in concealing and prevent women experiencing IPV from engaging in strategies to pursue help (St Vil et al., 2016). The participants spoke of how psychological abuse resulted in them doubting their capabilities.

He first breaks you by his words and follows by beating you. Anything could start the conflict, from him not liking the food that I had prepared to me spoiling the children. I became so afraid of him that I only felt free when he was not around. He would say that I was useless, that I could not achieve anything without him. I mean me as his wife I started believing his words
(Prunella, I₈).

Prunella's comments indicate experiences of verbal abuse characterised by intentions to cause emotional harm through degrading words and humiliations which is then followed by the physical abuse. Prunella shares that she was extra careful around her partner as he would be easily angered, leading to abuse. The uncertainty about future conflict indicates anxiety and stress experienced by Prunella. Brown et al. (2015) state that perceived danger within the relationship has been found to be a noteworthy aspect in predicting PTSD warning signs. The participants shared that due to their experiences of IPV they had become more stressed,

anxious and uncertain of the future. This could have been due to their exposure to risky environments as a result threatening their evaluations of outcomes (Rodriguez et al., 2018). This shows how experiences of IPV lead to the victims internalising their experiences and accepting being blamed for their experiences. Thelma shared:

He always said I am the one responsible for the violence, saying I angered him and he didn't mean to hit me or use belittling language. I felt responsible for the problems in our relationship but I had no control of changing things. That made me even lose sleep at night as I worried about what was happening (Thelma, I₄).

This suggests that the accusation that Thelma was responsible for her IPV experience aimed to undermine her self-esteem. Perpetrators of IPV tend to accuse their victims of provoking them which then justifies their actions and reinforces subservience of the victims (Lopes, 2016). Blaming her for the violence indicates avoidance in acknowledging the consequences of her partner's actions thus excusing his behaviour. Self-blame is a signal of maladaptive thinking connected with suffering and predicts lower levels of self-esteem (Reich et al., 2015). This finding suggests a need for psychological interventions for IPV survivors to claim back their autonomy.

The participants stated that competing and numerous responsibilities such as parenting and economic stressors occurring simultaneously with IPV exacerbated their psychological distress. The participants described how exposure to IPV brought overwhelming feelings that they felt they could not handle. These strains were burdensome for them leading to two of the participants being diagnosed with depression. This is reflected when Portia states:

*I was diagnosed with stress (**could have been post-natal depression**) still on taking pills for that now. I was in hospital for a long time and there was no one to care for me and my child. I started hating myself and my child. I felt that I had exposed myself to the abuse, like it was my fault (Portia, I₇).*

Portia mentioned that her experience of IPV started while she was pregnant and continued after giving birth. Portia's experience of IPV coupled with stressors brought by raising a new-born baby could have resulted in post-natal depression. This finding is in agreement with that of Islam et al. (2017), who found that prenatal IPV victimization significantly exacerbates the probabilities of experiencing postpartum depression. This finding is in line with Zito's (2017)

argument that the risk of IPV victimization increases after the birth of an infant as the couple is at a high risk of having conflict.

Experiences of IPV on the individual as a superordinate theme highlighted how individual characteristics, values and past experiences contributed to the women's experiences of IPV. Past experiences such as childhood exposures to violence were described to have been influential in the women's reports of experiences of IPV. Mental health outcomes resulting from traumatic experiences were also pronounced to have shaped the women's experiences of IPV.

5.2.2. The influence of couple dynamics on women's IPV experiences

The influence of couple dynamics refers to how the women's relationship interactions, the dynamic interplay of role structures shaped their IPV experiences at the interpersonal level. In this superordinate theme, the participants described how elements such as the focus of the daily interactions with their partners and the subjective meanings attached to those influenced their experiences of IPV (Akhter & Wilson, 2016). Participants' descriptions focus on the immediate environment where IPV occurred with elements that characterised their intimate relationship such as division of labour, use of alcohol as well as handling of conflict (Weeks & LeBlanc, 2011). The subthemes that emerged were: the influence of gendered behavioural expectations; the impact of household economic challenges on the women's relationship satisfaction; and influence of alcohol consumption on the women's experiences.

5.2.2.1. The influence of gendered behavioural expectations

The influence of gendered behavioural expectations emerged as a subtheme as the participants described how their relationships were characterised by expectations that were gender-specific and influenced the interactions in the relationship thus shaping their experiences of IPV. The gendered division of labour that manifested as expectations in the household was cited by the participants to be at the core of their intimate relationships. The participants reported that these role expectations influenced their IPV experiences. When talking about the roles they were expected to perform, the participants cited that they had no control in the decisions made, and questioning these expectations often resulted in a conflict that escalated to IPV. This was evident when Dora stated:

He cannot accept that I leave to look for work, says I want to wear the trousers now. He says he is the only man in the house and my job is to look after the children, cook and clean (Dora, I₂).

The rejection of Dora's attempts to acquire employment indicates traditional rigid role expectations from her partner. Emphasising that he is the man of the house indicates normative belief of gender and authority over Dora and any threat to this belief increases the risk of IPV. Expectations that men should be the sole financial providers in the household is characteristic of masculinity beliefs that men are providers. Reducing Dora's capabilities to cooking and cleaning undermines her and places her in a subordinate position to that of her partner. Such gendered beliefs not only undermine women's capabilities but also robs them of making their own decisions about their lives. Husnu and Mertan (2017) argue that individuals who hold traditional attitudes toward gender roles are more supportive of violence against women. The participants indicated that there were certain implicit as well as explicit expectations regarding duties that they had to perform such as child-rearing and household chores.

He didn't do anything to help in the house. It's tiring you know, to have a little baby and having to do everything in the house. The he comes back home drunk and tell me I am lazy and I do not deserve to be his girlfriend!!!
(Daisy, I₁).

Expectations for Dora to perform domestic and childrearing duties indicate gendered beliefs that women are inherently relegated to the home sphere as primary caregivers to children. Failing to obey social expectations regarding women's behaviour was reported to result in IPV by the participants. Ntoimo and Isiugo-Abanihe (2014) argue that the imbalance in power relations between spouses pose a challenge to women who may not be against housework and childcare per se but seek egalitarianism in the domestic sphere. This indicates the presence of rigid role expectations in Daisy's relationship and although she felt uncomfortable with this situation, she had no power to challenge the status quo. This finding is similar to that of Ogland et al. (2014) who discovered that having a husband who is controlling is strongly linked with higher odds of experiencing physical violence. The participants shared that this gender role behaviour expectations also manifested through expectations on how they dressed. Lisa cited:

I have always loved to wear mini-skirts but suddenly I had to wear long dresses and not expose my breasts. This made me feel ashamed and question my body (Lisa, I₃).

For Lisa being dictated to about her dress style indicates gender expectations that aim to police women on “acceptable” behaviours and in the process stripping women of their autonomy. Dictating how Lisa should dress shows how her partner perceived to have control and power over Lisa. Relationships that are characterised by rigid traditional gender beliefs place women at a higher danger for IPV victimization as punishment for failure to conform to their expected behaviours (Golden et al., 2013). This shows that men who hold beliefs that they have authority over women's bodies might “discipline” them for alleged violations of gender roles through IPV (Grose & Grabe, 2014). This finding indicates that hierarchal gendered family structures where women are secondary to men, continue to promote IPV more especially when such arrangements are questioned.

5.2.2.2. The impact of household economic challenges on the women's relationship satisfaction

In this sub-theme, economic influences were identified by the participants to be a recurring issue in their experiences of IPV and had an impact on how satisfied they are with their relationships. This sub-theme covers the role of economic challenges in shaping the partner's interactions which potentially causes distress in their relationships. The participants cited that the presence of economic challenges exacerbated strains on their relationships which resulted in IPV. VanderEnde et al. (2015) argue that the propensity to experience IPV is greater in families facing economic difficulties. The participants reported that IPV ensued after job losses and conflict arising from the management of family expenses and financial obligations. Dora described how her partner's job loss led to physical abuse:

My husband started being physically abusive when he lost his job about five years ago, he used to work in a factory. When he lost his job, we started struggling to pay for our needs and debts were piling up. He became distant to me, irritable and just changed (Dora, I₂).

For men who hold traditional beliefs that they are providers in intimate relationships, losing a financial source of income may be interpreted as inadequacy. Lucero et al. (2016) argue that men may turn to other forms of dominance in the absence of economic power. The sense of failure in maintaining their masculine identity of being a provider could have resulted in frustrations and stress – a phenomenon that can be acted out through IPV. Franklin and Menaker (2014) contend that when people find themselves in a position that is different with set social standards they may experience cognitive dissonance and frustration which increases

the risk for stress. To compensate for that frustration, men may turn to debt to provide for their families. Reed et al. (2015) maintain that for men, taking on debt is associated with economic hardship which heightens their stress levels and in turn the potential for IPV perpetration increases. One can argue that Dora's husband negatively evaluated himself as falling short of masculine norms and not in a position of control in his relationship hence he was at an augmented threat of perpetrating aggression (Berke et al., 2016). This was similar to Suzanne's statement:

He would say I want to wear trousers in our marriage since I earned better than him and therefore had more financial obligations (Suzanne, I₅).

Stating that Suzanne is wearing trousers in the marriage shows that her husband believed that men are the providers meaning she was defying the traditional norms. Abusing her may have been a way of regaining his perceived loss of power. Paul (2016) maintains that men might act violently as a means of restoring power and dominance towards females and to realign their masculine status in their intimate relationships. Also, Hayes (2016) argues that differentials in employment status between partners reflect a power imbalance and that may fuel IPV. Evidently in Suzanne's relationships, as she earned better than her partner, he may have felt that she was taking over his role to financially provide for their family. Role expectations were also reported in the manner that household expenses were managed in relationships. The participants cited that finances were managed by their partners and only minor household purchases left to the participants. Where there were shortfalls in meeting financial obligations, the participant's reported that arguments would ensue and lead to IPV. Lorna shared that when there was not enough money to cover basic needs, her partner would often blame her for mismanaging the funds:

He gave me responsibility to ensure that household expenses were made by giving me money each end of the month. The problem was that most of the time the money was not enough for everything that needed to be done and he would say that I misuse his hard earned money (Lorna, I₆).

Looking at Lorna's situation one can infer that insufficient financial resources exposed the participants to high risk of IPV. Lorna indicates that frequently there was insufficient money to cover basic necessities yet the blame fell on her which resulted in IPV. This means that for the participants, unmet financial obligations from the limited money they were left to manage, led to IPV for the women. Similarly, Tsai (2017) found that in households where

men left women to manage household finances independently, conflict resulting from unmet financial needs put women at a significant threat of IPV victimization. This finding is similar to that of VanderEnde et al. (2015) who found low household profits to be positively associated with experiencing IPV. The participants reported that disagreements concerning finances often led to IPV as their partners would maintain that they were nagging. Nagging is viewed as failing to achieve what shared standards concerning women's behaviour towards their partners; it is considered an acceptable reason for a man to assault his wife (Gage & Thomas, 2017). All this points to the significance of empowering women with opportunities that may enable them to be financially independent. Terrazas-Carrillo and McWhirter (2015) maintain that paid employment provides not only financial security but psychological wellbeing as well as social-wellbeing that may be of vital support for women facing IPV. The women also cited that failure to meet major financial obligations by their partners led to conflict in their relationships. Prunella stated:

After our second child, he still did not have enough money to pay lobola or plan a wedding. That frustrated me because I didn't plan a vat n' sit. He usually said I nagged him. That was the start of most of our arguments (Prunella, I₈).

Vat 'n' - sit is a South African idiom for cohabitating while *lobola* means the bridal price that is paid by a man to the woman's family. Rees et al. (2017) define the custom of bride price as an aim to solidify the relationship and officially introduce the woman to the man's family as his wife. Prunella's frustrations indicate relationship dissatisfaction stemming from her partner's failure in paying the bridal price. Approval of relationship status predicts relationships satisfaction which influences the risk of IPV (Crane et al., 2013). This is indicative of a negative contribution caused by the lack of finances on conflict in relationships. Subsequently, the blame could have been interpreted as inadequacy by her partner, and to reclaim his masculine identity he found it necessary to resort to violence.

5.2.2.3. Influence of alcohol consumption on the women's experiences

This sub-theme encompasses the influence of alcohol consumption and how that contributed to the women's experiences of IPV. The participants described that heavy alcohol consumption by their partners influenced their experiences of IPV as the majority of violent episodes occurred after alcohol consumption. The women also cited that alcohol consumption

often led to negative interactions and disagreements between them and their partners thus resulting in IPV.

The participants spoke at length about how alcohol consumption by their partners had a direct negative influence in their relationships. When describing this negative influence, the participants stated that their partners would be aggressive when drunk which would often lead to IPV episodes. They viewed alcohol as the cause of conflict in their relationships citing that their partners' behaviours changed when under the influence of alcohol. The participants voiced a constant struggle of living in fear of what will happen each time their partners went out to drink. Prunella shared:

He was always went out every weekend and would come back very drunk and rude to me. If I asked what example he wanted to set for the children, he would silence me with his fists. I was always afraid each time he left knowing he will come home drunk. As a woman you always believe that things will change but nothing ever did (Prunella, I₈).

The participants, however, described that their relationships were characterised by IPV notwithstanding their partners' intoxication. However, aggressive behaviours of their partners escalated significantly on days when they were intoxicated as compared to days when they were not intoxicated. Alcohol intake has been reported to elevate chances of physical aggression (Iqbal & Fatmi, 2018). Also, it has been discovered that individuals with high hostility engaged in substance use more often thus leading to more instances of IPV perpetration (Stove & Kiselica, 2015). Despite this, it appears that the participants had hope that eventually, things would get better, but as Prunella stated, '*they never did*'. This finding is in line with Javaid (2015) who discovered that females had high probabilities of excusing violent behaviour when their spouse was intoxicated. Dora linked her partner's heavy alcohol consumption with his loss of employment. This is what she said:

A few months after losing his job he started drinking heavily almost every day. He never drank like that and he would be rude and physically abusive when drunk (Dora, I₂).

In the above abstract, Dora described how a job loss by her partner resulted in her experiencing IPV. Yount et al. (2016) utilised resource theory in understanding how unemployed men are at risk of IPV perpetration. These authors assert that when men lack resources (such as paid employment), it results in perceptions of having less prestige and

power and in such cases aggressive behaviour is then chosen as a resource for sustaining or regaining power over their partners. Therefore, one can argue that Dora's husband perceived himself as lacking masculine identity in his relationship and used alcohol-fuelled violence as a means to achieve control towards his partner. It is evident how these individual elements (low self-esteem) and interpersonal elements (conflict in the relationship) interact to produce behaviours that shaped the women's experiences of IPV. Alcohol use was mentioned by two of the participants as they described how this negatively influenced their interactions with their partners. Lorna revealed that her experience of IPV was more common on days when she and her partner had consumed alcohol. She said:

Our problems usually start when we both drink. He says I should stop drinking but we met at a tavern and he liked me as drunk as I was. I mean I have been drinking since I was a teenager how can I stop now [she shrugs] and because of a guy, really? He wants to control who I befriend, talks to or even whom I drink with (Lorna, I₆).

Lorna described that although she met her partner at a tavern (a place where alcohol is sold and consumed), he still exerted pressure on her to stop alcohol consumption. It is a concern when male partners exert their control by expecting women not to consume alcohol so as to reinforce women's subservience. The expectations about acceptable women's behaviours indicate norms of subservience for women. This implies that alcohol consumption by women puts them at risk of victimization by their abusive partners who are perpetually inclined to retaining their culturally given power. This is in line with the contention by Ezard (2014) who maintains that alcohol consumption by women is often stigmatised as it is believed to undermine gender roles. This finding means that women at risk of IPV are further ostracised for alcohol consumption. Talking about alcohol, Thelma mentioned:

I then started to drink with some friends of mine. It was therapeutic just so I can forget my troubles (Thelma, I₄).

In the above extract, Thelma shares that consuming alcohol was a coping mechanism to deal with the distressing feelings resulting from her experiences of IPV. Thelma shared that alcohol provided temporary relief from the pain resulting from IPV. Traumatic outcomes from her experience of IPV may have led Thelma to use alcohol in order to cope. O'Brien et al. (2016) found that women use substances to escape the negative moods linked with the constant worry brought about by IPV.

The influence of couple dynamics on women's IPV as a superordinate theme described the way interactional patterns and role distributions in the relationship played a role in the women's experiences of IPV. Firstly, gendered behavioural expectations were stated to have been at the core of the women's experiences as they set the tone for the couple behaviours. Economic challenges were labelled to have shaped interactions in the relationship as they often caused strains which led to IPV. Lastly, the role of alcohol consumption was found to be three-fold: firstly alcohol was found to be an escalation mechanism for partner's aggression and thus IPV in the women's relationships. Secondly, alcohol consumption indicated control issues as the women indicated that the partners tried to have them stop drinking even if drinking preceded the relationship. Lastly, alcohol was indicated to have been a coping mechanism for women during their IPV experiences. The role of alcohol indicates that there are not enough recreational opportunities for women experiencing IPV.

5.2.3. The impact of social and physical environment on the women's experiences of IPV

This superordinate theme covers the elements and characteristics that the physical and social environment where the participants resided and how these influenced the women's experiences of IPV. They described how factors beyond the immediate confines of their homes shaped their IPV experiences. Carlson (1984) argues that communities have a causative or sustaining role in IPV through their norms and informal laws and by the way they choose to ignore or respond to the existing problem. The couple's community, their interactions with others beyond their intimate partner as well as accessibility and limitations to support structures influenced their experiences of IPV (Alaggia et al., 2012). Sanchez-Prada et al. (2018) argue that women's reactions to their IPV victimization are formed by their own attitudes as well as those of individuals around them. The sub-themes that emerged are the impact of the availability of social networks in IPV experiences; the role of perceived norms about violence in disclosing IPV experiences; as well as access to resources.

5.2.3.1. The impact of availability of social networks in IPV experiences

Availability (or lack of) social networks mediates the experiences of IPV victims. This subtheme emerged as the women related how having access to social network connections such as the family of origin, friends and associates shaped and influenced their experiences of IPV. Even though these connections were cited as helpful and available for the women to contact for help during IPV exposure, some within these networks were reported to hold

attitudes that condoned IPV. Social networks allow for a sense of belonging and offer possibilities for communication and interactions among their members, therefore, resulting in positive behaviours like the realization of common values and solving problems (Wright & Tillyer, 2017). The African philosophy of *Ubuntu* is about shared humanity and caring for other's well-being. This means being a member of a community involves constant interaction and intense identification with others. While some participants reported having received emotional as well as practical physical support from their social networks, others did not. Some participants reported that they had no access to social networks that they could rely on for support, others however, reported to have close connections whom they regarded to have been helpful during their IPV experiences.

Two of the participants indicated having grown up as orphans and did not have any close family members that they could rely on during challenging times. These negative familial histories may have resulted in attachment anxiety in forming trusting relationships outside their intimate relationships. In addition, research indicates that battered women have greater difficulty in forming supportive relationships (Sayem & Begum, 2015). This could be due to the cumulative negative effect of the lack of close ties with family which meant that they had to rely on themselves for most of their life encounters. Kim and Sung (2016) argue that due to a lack of support networks, women in abusive relationships become isolated and this makes it difficult to exit abusive relationships. Portia described the influence of lack of support:

My mother passed away when I was young and I was taken to foster homes, where I grew up but life was tough even there. So I cannot really say I have close family members nor close friends. My partner was all I had (Portia, I₈).

Unavailability of social networks brought a further negative effect on Portia's experience of IPV. The lack of support networks meant that she had no one to confide in during IPV exposure. This meant that she was isolated when facing IPV as the only person she was close to (her partner) was also the one causing her harm. Portia's isolation was due to her familial history and the negative effects of this were evident in her intimate relationship. This shows the importance of having close networks besides your intimate partner as these could have provided Portia with support during the conflict in her relationship. The stress of the relationship with her partner may have negatively affected the ability to form and maintain a strong bond with others outside her relationship. The impact of having access to social networks also was evident through abusers deliberate attempts to isolate the women thus

ensuring that they had no one to rely on. This isolation occurred through different acts ranging from monitoring their interactions on online social media networks such as Facebook to preventing them to go to places they had used in the past for socializing. Lisa shared:

It became so bad that I could not leave the house if he did not know, I had to tell him where I planned to go, and he would decide if I could. He would decide what I should post on Facebook and monitored my interactions (Lisa, I₃).

Lisa's extract describes the monitoring and control of her whereabouts and social media showing social isolation and a sense of ownership by her partner. Policing Lisa's movements were a means to enforce her submission consequently lessening her access to helpful social support connections. Park (2016) contends that abusers may deliberately isolate a woman from acquaintances to sustain authority and command thus further exacerbating psychological damage on the victim. Other participants reported to have close ties outside their intimate relationships and such networks provided the participants with much needed protective support. They shared how such support helped them cope and redefine their experiences of IPV. Dora stated:

The ladies could see that I was not happy as I kept to myself and very stressed, so they would ask if there was something they can help with. One day I decided to share my marital problems with them after all, most of them are married. I thought that maybe they could offer me a solution and they offered practical help like looking after my children and some gave me advice to about what to do (Dora, I₂).

Dora detailed how connections to the ladies she used to search for employment with provided her with support which had a positive impact on her experience of IPV as it helped her cope. She cited how these connections were helpful and provided her with instrumental support such as looking after her children. The support of family and friends has been found to lead to positive mental outcomes. Willingness and ability to seek formal support can be instrumental in helping the victims to exit violent relationships (Latta & Goodman, 2011). This indicates that for women experiencing IPV, social connections provide much-needed help.

However, the mere availability of social networks is not enough to buffer the negative effects of IPV. The participants reported that some social networks had a harmful influence on their experiences of IPV. The women described how these connections at times became another

source of emotional violence by placing blame on the victim. More so, these networks would also become fatigued by what they saw as incessant help-seeking by the victim. Gillum et al. (2018) argue that communities' reluctance to interfere in domestic affairs not only maintains but also condones IPV. Prunella stated that:

I felt that I was blamed for our conflict. I used to ask help from the older women in the family and they would advise me to be strong and sacrifice for my family as a woman. Even our neighbours were no longer interested to come intervene (Prunella, I₈).

Determining the nature of support networks is important as it shapes the impact on women's experiences. When those intervening hold perceptions that condone IPV, it becomes difficult for the victim to end the relationship. The above extract demonstrates that even though there was access to support networks, some of these networks actually condoned violence and encouraged subservience. It could also have been due to the fact that neighbours had intervened before but Prunella did not leave her abusive partner. I say this because in her statement Prunella states that her neighbours were no longer interested to intervene indicating that they had done so before. This resulted in mixed messages to the participant, therefore, increasing chances of minimizing the severity of IPV by reducing the discord arising from being loyal in a harmful relationship (Gilbert & Gordon, 2017). This often leads to survivors of IPV delaying seeking formal help. Also, the quality of the social networks the women experiencing IPV have must be considered, as these networks may contribute to the likelihood of women returning to their abusive partner multiple times before finally ending the abusive relationship (Zapor et al., 2018). This finding indicates a need for recreational opportunities to be created and accessible to women to buffer the negative effects of isolation.

5.2.3.2. Community norms on violence mediate experiences of IPV

This sub-theme covers the participants' descriptions of their beliefs about community reactions to and perceptions about violence and the influence those beliefs had in shaping their experiences of IPV. Some of the participants reported that violence was normal in their neighbourhoods and that made them accept their situations. These perceptions shaped the women's attitudes about violence resulting in reduced chances of reporting IPV experiences. Residing in a community characterised by permissive attitudes towards IPV increased the likelihood of justifying IPV (Jesmin, 2017). This is evident when Lisa said:

Fighting is normal, in the neighbourhood I am from you need to be able to fight for yourself otherwise people take advantage of you. So, violence is sort of normal to me but when a woman is beaten by her partner people blame her. They say you must have done something to deserve it (Lisa, I₃).

In the above extract, Lisa's observation that violence was prevalent in her neighbourhood could have been the reason why she accepted her IPV. This indicates that residing in communities with extraordinary incidences of violent behaviours for women, intensifies their chances of experiencing and thus accepting IPV (Kiss et al., 2015). Another element the participants reported to have had an impact on their experiences of IPV was the stigma associated with IPV. The participants shared that in the communities they resided in, exposure to IPV was associated with negative consequences for the women. These consequences included beliefs that the abuse is justified due to the woman's actions and so the blame is put on the IPV survivor. As such, the women reported having been reluctant to disclose their IPV experiences. Murray et al. (2018) contend that the more an individual anticipates stigma from others, the more inner humiliation increases leading to more negative mental outcomes. Makongoza and Nduna (2017) found that experience of IPV was accompanied by shame and embarrassment. These negative stereotypes about IPV victims influenced the women's reluctance to speak out about victimization. Daisy said:

I was ashamed to be seen in that state. I thought people would blame saying I asked for it (Daisy, I₁).

Community norms and practices that blame and stigmatise women who experience IPV create a breeding ground for and continuation of IPV. Daisy's contention demonstrates community norms that blame and place women as being responsible for IPV by implying that they deserve to be abused. Perhaps, Daisy had developed mental schemas accepting IPV through perceiving that in her community IPV was accepted. Daisy came to terms with the fact that violence was common in her community. This finding is similar to an observation by Beyer et al. (2015) that higher levels of perceived violence in the neighbourhood may result in IPV victims perceiving their experiences as normal. The participants reported that even though there is public awareness about violence, the change of attitudes regarding IPV is yet to be achieved. Portia stated:

I think people are aware, even at schools, children are taught about abuse, but the problem is that people regard violence between man and wife as

private and do not interfere and now you end up afraid to speak as no one will help you (Portia, I₇).

The participants reported that they had to constantly evaluate who to tell as they felt that people will not intervene to help. This meant that they had to keep their IPV experiences a secret, fearing further victimization. This finding is in line with that of Gillum et al. (2018) who found that community members condoning violence contributed to barriers that women face in seeking assistance when faced with IPV. However, a discrepancy between perceived and actual norms was found, with people tending to overemphasize the pervasiveness of IPV in one's residential area (Witte & Mulla, 2012). This means for those exposed to IPV, their perceptions about violence as a norm in their community may result in them not seeking help. This was evident when Lorna stated:

Violence is normal in relationships, it is just how bad it can become. The women I know of, all of them have been hit by their boyfriend'-s but it depends how the guy hits the woman. A slap is needed to strengthen the relationship but if she ends up in hospital then it's a problem (Lorna, I₆).

Lorna's statement indicates that she appears to embrace perceptions that IPV is a norm in intimate relationships. This finding is similar to that of Isaacs (2016) that found that how IPV is socially constructed shapes and may promote the normative practice of IPV. Likewise, Lorna's perceptions could be a result of public perceptions about violence. Sanchez-Prada et al. (2018) argue that public attitudes toward IPV influence and shape of victims of IPV. This finding indicates that community attitudes on violence penetrate and influence individual behaviours.

5.2.3.3. The role of formal resources: The implications of their help on women's experiences of IPV

This sub-theme emerged as participants shared their stories about the influence help resources (government and private institutions) had in their experiences of IPV. The women cited having utilised help resources such as police, health providers as well as the shelter that they were currently residing in. The decision to seek help was cited to have been influenced by individual, interpersonal as well as socio-cultural contexts (TePoel et al., 2018). The women reported that following use of support networks (informal help), the next step they took was that of seeking formal help from police, nurses as well as religious leaders.

The participants reported seeking help from police following the realisation that their IPV experiences were escalating. The participants shared that due to police attitudes that were interpreted as condoning of IPV, their stress escalated. The participants shared that what made them regard police involvement as unhelpful was police attitudes that encouraged solving problems at home; they did not arrest the perpetrating partners even when there were physical injuries. This led to the escalation of their IPV as their partners would punish them for involving the police in their domestic disputes. This is similar to a finding by Cerulli et al. (2015) who reported that police did not file the required reporting forms in cases where there were no injuries during domestic disputes between partners. This was reported to be discouraging for the participants and deterred them from seeking help subsequently as they felt that would worsen their experiences by infuriating their partners. Prunella stated:

The police were not helpful for me, when they came to our place after being called and I told them what has been happening they would refuse to intervene. Usually they would say my husband must go somewhere and come home when he has calmed down. They would advise that we solve our problems in a peaceful and respectful way as they do not interfere in domestic issues (Prunella, I₈).

Failure for police to intervene in domestic violence sends a message that they condone IPV subsequently discouraging others from seeking help. The temporary physical separation of Prunella and her husband was not the solution. This is in agreement with a finding by Govender (2015) that police tend to issue a warning to IPV perpetrators instead of an arrest. Mogstad et al. (2016) found that family violence was regarded as a private issue and police interference was perceived to violate culturally correct procedures. This may lead to discerning IPV cases as a phenomenon occurring in the domestic sphere which cannot be solved through law.

A number of participants mentioned that they had to seek health care after severe injuries as a result of IPV. This in agreement with previous research that indicates that survivors of IPV mainly seek formal help after exposure to severe violence and sustaining serious injuries (Cho et al., 2017; Mkhonto et al., 2014). Lisa stated:

I ended up in hospital due to his beatings and I was heavily pregnant. Unfortunately, I had a stillborn child then I knew it was time to let go. I sensed

that I have lost my voice, all that I did was what my boyfriend allowed me to do. I decided that I need to regain my confidence (Lisa, I₃).

This shows that IPV victims wait until there are aggravating circumstances that justify their withdrawal from abusive partners. The participants stated that the nurses' response was helpful and educational. Sprague et al. (2017) also found that nurses were motivated to help IPV female survivors as they understood the dangers and effects of IPV as central in their professional responsibilities. The participants defined intervention from nurses as affirming that they can live without their abusers which reassured them of their capabilities. Most of the participants gaining knowledge of and access to the shelter that they were residing in through the nurses. Upon arrival in the shelter, the participants received psychological help from the social worker assigned to the shelter.

The role of social workers was cited to have been positive by the participants. The participants shared that the social worker received them with warmth and created a welcoming environment for them. Lisa mentioned:

After I got discharged from the hospital the nurse had organised for me to come here (shelter) and I met the house mother and the social worker. The social worker has been God sent in my journey. She is understanding and is very warm. It makes me feel that I can overcome this as she teaches that I am strong and will overcome my challenges (Lisa, I₃).

The impact of the social worker in Lisa's experience is described to have created an environment conducive for her to heal from her experiences. For Thelma, she highlights the positive role the social worker had in aiding her to transition from her traumatic relationship into an individual who can thrive after experiencing IPV:

The counselling I have been receiving from the social worker has helped me to learn that my experience of be abused does not define me and to realise that it is not the end for me. I now believe that I can face the world again and be positive for my children. Here I have been taught me that I am stronger than my experience and that I can overcome the challenges that I have faced (Thelma, I₄).

This quote highlights how the social worker has been helping women with IPV experiences to realise the resilience they have. This is crucial in creating positive mental health outcomes.

Tapping into her inner capabilities aided Thelma to realise that she is stronger than her experience. The role played by the shelter's social worker illustrates the crucial instrumental support that social workers provide to survivors of IPV. It can be argued that since the social worker has professional knowledge of working with women with experiences of IPV, she was sensitive to issues of IPV and therefore in a better position to offer help to the women. The non-judgemental stance and caring nature is an integral part that the social worker provided to the participants which ensured a safe environment for the participants change their trajectories. This finding is similar to that of Keeling and Fisher (2015) who found survivors of IPV indicated to have received appropriate and sensitive support from service providers such as social workers when disclosing their IPV experiences.

Religious practices were also cited as one of the resources that participants utilised during their exposure to IPV. Takyi and Lamptey (2016) maintain that survivors of IPV often turn to religious or faith-based groups or communities for support and guidance during their ordeal. The participants cited that to cope with the negative effects of IPV, they had utilised their religious beliefs. Suzanne stated:

I think prayer more than anything. I asked God for wisdom and strength. My spiritual leader was my source of strength and prayed for me. At first, I was against divorce for Christianity condemns it, but I also know that God knew my pain and loved me, so I decided to let go (Suzanne, I5).

Religion teaches about hope, courage and strength and provides support through the networks that mostly operate in religious practices. These networks were cited by the participants to have been helpful in providing support and guidance.

The impact of the social and physical environment on the women's experiences of IPV as a superordinate theme covered the influence of the residential environment on the women's IPV experiences. Availability and non-availability of social networks on the women during exposures to IPV were found to have influenced the impact of their experiences of IPV. Community norms on violence were stated to shape the women's perceptions about violence which resulted in justifications of their IPV experiences. Formal help resources were found to have had mixed on the women's experiences as police were found to be unhelpful while nurses, social workers and religious resources were indicated to have been helpful to women with IPV experiences.

5.2.4. IPV as a result of institutionalised structures

This superordinate theme covers the broad set of general standards and principles that infiltrate and inform the other layers of the ecological system. At this level the focus is on broad ideologies, social values and representations of IPV believed by the participants to have had an impact on their lived experiences of IPV including their cultural expectations about family (Roy et al., 2013). Doyle and McWilliams (2015) maintain that social factors augment violence by deepening inequality between women and men by creating a culture of impunity within the criminal justice perspectives and low levels of political and economic empowerment for women. The subthemes that emerged were: high value placed on preserving the family system; the influence of social representations of violence on the women's experiences; and the challenges to male superiority.

5.2.4.1 High value placed on preserving the family system

This sub-theme covers the women's interpretations of the influence of preserving their families in the face of their lived experiences of IPV. When describing the role of the family in their lived experiences, the women spoke of the centrality of their families in their lives. The participants described that being pressured to preserve the family unit, considerations of children's wellbeing as well as stigma attached to family dissolution influenced their experiences through delays in leaving abusive relationships. The participants cited that they were pressurised to persevere through their challenges by those who were close to their intimate partners.

*I tried to speak with his mother and older sister but they both said that is how men behave. They told me I should just be grateful that he was still coming back home. They said I should focus on **building the family** as that was my role as a woman (Portia, I7) [emphasis added].*

Thus, the societal norm of family preservation proved to be a very consequential factor in mediating the experiences of IPV victims. The family is considered paramount and all decisions of society members have to be pivoted around it.

Societal pressures to conform to prescribed traditional gendered expectations based on one's social identified gender exposed the women to IPV. The patriarchal social structure that socializes men to be dominating and women to be submissive restricted Portia's ability to exit the abusive relationship. Telling Portia to be grateful that her partner was still coming home

indicates approval of socially accepted gender power dynamics by her in-laws. Pressurising women to protect and preserve the nuclear family structure despite their exposure to IPV further sustains the violence. The women shared that they had tried all in their power to preserve the family unit despite their exposure to IPV hoping that things would improve.

Dora stated:

I was hoping that we will provide a happy environment for our children like before. I did not want divorce, Lord knows I did not but I had no choice in the end (Dora, I₂).

Dora's contention that she wanted to provide a happy environment to her family kept her hoping that her partner would change. Negotiating and creating a happy environment for their children meant that Dora had to delay exiting the unhealthy environment created by IPV. Marrs et al. (2012) maintain that women have limited choices in relationships characterised by IPV and for their children's benefit, they stay trying to keep the family intact. In addition, the feared stigma attached to divorce or relationship dissolution kept the women in the IPV characterised relationships. Murray et al. (2018) maintain that the foundation of stigma is the public devaluation that regards intimate relations as a core identity for women and challenges in these relationships are discrediting and mark women as failures or dishonourable. This stigma often delays women in exiting abusive relationships. The women expressed that another factor linked to preserving families was the financial dependency on their abusive partners which resulted in them staying in abusive relationships for their children.

It is just that it is not easy to go report your husband who is the one who provides you and your children with food. If he is arrested chances are that he will also lose his job and now you also suffer together with the children (Prunella, I₈).

The women shared that with the well-being of their children in the background, negotiating to leave or staying was not a straightforward exercise. Having to consider shelter and food and overall wellbeing of their children, given their economic dependency on their partners meant that the women had limited choices in leaving. This finding contradicts the earlier stated role of children in giving women the courage to leave abusive relationships. This could mean that the role of children is twofold; they give the courage to disclose IPV in order to ensure their well-being while on the other hand, they delay such disclosure because women need to consider the economic dependency of their children on their abusive partners. It could be that

the fear of household food insecurity due to their financial status limited their opportunities to leave (Gibbs et al., 2018). Stigma consciousness or the expectation of stigmatization is associated with increased risk of victimization based on the desire to keep the abuse hidden and thus avoiding potential discrimination (Steele et al., 2017). Leguizamon et al. (2017) argue that the social stigma associated with divorce leads to women only seeking a divorce when the expected benefit of divorce outweighs the expected cost of ending the marriage. In this study, the participants shared that they feared leaving their abusive partners as that would worsen their financial status thus impacting negatively on their children. This delayed their exiting IPV characterised relationships. This calls for redefining the concept of an ideal family with regards to IPV as it pressurises women to stay in harmful relationships all in the name of preserving the family.

5.2.4.2 The influence of social representations of violence on the women's IPV experiences

This sub-theme encompasses the women's descriptions of the role of societal representations of violence against women on their IPV experiences. While this sub-theme may seem similar to that of the impact of social networks, it is different because these were the participants' perceptions of how the society at large responds to IPV. The women cited that people's reactions to their victimizations indicated that society condones violence. The participants cited that public reactions to IPV indicated an unwillingness to intervene and at times attributing responsibility of the abuse to the women for their victimization. The women reported that they felt that was due to the way society represents domestic violence thus shaping people's beliefs that abuse should be physical to qualify as abuse which results in overlooking other types. Isaacs (2016) found that in South Africa the media mainly represented IPV as life-threatening actions of physical aggression thus undermining the complexities and accurate reality of this social phenomenon. The women cited that public beliefs surrounding IPV made it challenging for them to pursue help as they dreaded negative repercussions.

There have been times when he would beat me in public but no-one would help. Many people would say I must have provoked him as if there is an excuse for him to beat me. It is as if men have rights to hit women (Daisy, I₁).

Women receiving no sympathy from the public indicates attitudes that condone IPV. Attitudes and beliefs that women provoked their partners thus instigating IPV to increase the likelihood of secrecy surrounding this phenomenon. Public attitudes toward IPV set a tone for

legitimizing, condoning and even being supportive of IPV. The women also emphasized that public reactions to their IPV experiences showed that there is a need to broaden people's knowledge about IPV instead of limiting it to only visible bruises. Public views about IPV increase the likelihood of individuals to have supportive attitudes about IPV (Hayes & Boyd, 2017). The participants indicated that it was not easy for them to seek help on sexual abuse due to the taboo surrounding this type of abuse.

I saw that my life was in danger after this one time he came in the early in the morning, drunk and he demanded sex. He forced himself on me, he raped me. I knew that no one would believe me about being sexually abused in our relationship so I never reported it. People only recognise rape between people who are not dating. Public need to be educated about all the issues and different kinds of domestic violence (Lisa, I₃).

Lisa is articulating that even though she knew that her partner had raped her, she felt trapped as she perceived public beliefs about rape to be different when the perpetrator is an intimate partner. This shows how societal norms about abuse permeate the individual level as they shape beliefs about such behaviour. Brown et al. (2015) maintain that being raped by a lover is extremely damaging to a females' well-being, the emotional pain is exacerbated by residing with the person who violated them, therefore, continuing the trauma and amplifying alienation. As discussed earlier, negative mental outcomes are associated with decreased motivation to escape an abusive situation. Minimizing the abuse, framing victims of IPV as culpable for their abuse and blaming them for staying in abusive relationships make it harder for women to speak up about abuse (Storer & Strohl, 2017). To make matters worse, IPV remains to be trademarked as a secretive problem in the South African public leading to non-disclosure for women with abusive partners (Mpondo et al., 2016). Meanwhile, those who help survivors of IPV, ought to understand the survivor's lifetime histories of maltreatment and recognise that it may not be easy to discuss sexual assaults thus requiring integrated treatment with emphasis on early experiences as influential in adulthood.

5.2.4.3 Male dominance as central to survivor's IPV experiences

This sub-theme comprises the women's reflections on how societal gender constructions and male dominance had an impact on their IPV experiences. This sub-theme explains the influence of male dominance at the societal level and how that permeated the women's relationships and shaped their experiences of IPV. Ali and Naylor (2013) define patriarchy as

a universal coordinated arrangement of marginalizing the female species that rests on principles that rationalises this marginalization in public and secluded domains, therefore, promoting IPV. Sabbah et al. (2016) argue that male dominance is a social norm that organises male and female relations not only at the interpersonal level but at macro-level. Ntoimo and Isiugo-Abanihe (2014) argue that to make meaningful change in gender relations, the existant patriarchal structures must be dismantled. The participants shared that male superiority in their experiences of IPV manifested through restrictions and sabotages of female employment thus enforcing inferiority and their subservience, which was further enforced through infidelity.

The participants cited that male dominance in their relationships manifested through forced financial dependency on their partners. The women reported that this financial dependency was mainly caused by their partners' controlling tactics and limitations to access economic opportunities that were enforced upon them. The traditional gender socialization of young men to expect and want to hold a position of power and dominance in intimate relationships evident through practised through financial provision and control in the women's relationships (Giordano et al., 2016). This deeply ingrained male superiority manifested through practising enforcing female financial dependency by limiting their economic emancipation. Prunella shared how her autonomy about deciding to seek employment was taken away from her, implying loss of autonomy about matters that concern her.

I wanted to get a job and he always discouraged that, saying a woman is a home-maker and he would provide (Prunella, I₈).

Restricting Prunella's employment prospects indicates aims of control and maintenance of her economic dependency. Citing that women are home-makers point to beliefs about role expectations in the relationship which may lead to power imbalances in the relationship. This finding highlights how male dominance in the women's intimate relationships was a risk for IPV.

This is in line with Steele et al. (2017) argument that abusive male partners often deter partners' efforts to advance their education or occupation thus creating dependency and decreasing odds of exiting the harmful relationships due to economic dependency. This is due to societal standards of successful masculinity that are judged by a male's capability to satisfy all material, economic and emotional needs of his wife and children (Adjei, 2015). As such, Prunella's wish to obtain financial independence could have been interpreted as a violating

her partner's honour and IPV was utilised as a tool to maintain his control. Gibbs et al. (2018) argue that it is a challenge for females who rely on men for their financial needs to exit a harmful relationship. Thus, men maintain power by withholding authority over economic means by restricting as well as subordinating women's involvement in society (Sanders, 2015). As such, women empowerment through encouraging the attainment of education and employment is vital to help eradicate IPV. Women who were employed reported threats and sabotages to their employment when describing the role of masculine superiority on their experiences:

At some stage he told me to leave my job as there were male teachers and he did not want his wife to spend most of the day with a man, I pleaded with him to allow me to continue with my passion. He then threatened that if I continued working, he would no longer contribute financially in the household (Suzanne, I₅).

Suzanne expressed how her partner would use tactics such as to threaten contributing financially in the household to assert his entitlement over her labour participation. Despite perceptions that employment may be favourable for women, Suzanne's contentions indicate how gender norms influence experiences of IPV in male-controlled cultures. Suzanne's husband may have been utilising IPV as a tool to restore his superiority over her. This finding is in agreement with that Berke et al. (2016) who state that men who hold beliefs that they do not meet societal standards as men have higher odds of committing partner violence. In a country like South Africa where there is a scarcity of jobs, men who fail to attain socially constructed ideologies of masculinity may demonstrate masculinity through IPV (McCarthy et al., 2018). This finding indicates a need to transform societal norms about gender equality and gender roles.

The participants cited that their relationships were characterised by unfaithfulness and infidelity. The women reported that often they found out about their partner's infidelity through text messages and phone calls from other women. This discovery would often lead to arguments as that would be interpreted by their partners as a challenge to their manhood. Thelma stated:

This other evening I answered his phone while he was in the bathroom, not knowing it was a girl. The girl insulted me and told me I should leave her man. When he came back and I told him what had happened, he said why I

answered his phone. He did not address his cheating but told me that I was disrespectful and we fought because of that (Thelma, I₄).

Sexual skills are central to masculinity and men's sense of self-worth and result in IPV. Public standards entailing females as meek in the intimate realm condone IPV as anything that contradicts that is often interpreted as challenging men's authority. Thelma's confrontation upon discovering her partner's infidelity was viewed as a transgression of her role and a challenge to male privilege thus resulting in IPV (Conroy, 2014). Corbally (2015) argues that men are influenced by public discernments of how being a man is, which includes infidelity as such any challenge to that gender identity prompts defending. Traditional gender norms portray males as having an in-born and uncontrollable temperament while females are portrayed to be understanding and compliant to their husbands' behaviours (James-Hawkins et al., 2016). This was evident in participants' reports of their partners' admissions of infidelity. Suzanne mentioned:

He admitted that he had cheated with several other women who could bear boys unlike me. He would blame his behaviour on me failing to be a good wife (Suzanne, I₅).

The participants shared that after discovering infidelity in their relationships, their partners did not show any remorse but rather blamed the participants for their actions. Attributing and blaming women for their partner's cheating ways is emotional abuse. The psychological dynamic in infidelity reflects means to assert control over the partner. Most of the participants shared that they felt that they had no control of healthy sexual behaviours in their intimate relationships. Lisa shared:

He would come home in the early hours of the morning and force himself on me. Even though I told him I did not want to have sex, he continued telling me that as his woman I cannot refuse (Lisa, I₃).

Forced sexual intercourse indicates an unhealthy behaviour as there is no consent, essentially is regarded as rape. This indicates how multi-faced IPV is, as different types tend to co-occur and overlap making it difficult for the women to deal with multiple stressors in their lives. Similarly, Suzanne stated:

He admitted to cheating a number of women. I was afraid that he might give me some sickness you know because I was not sure if he used protection out there (Suzanne, I5).

Suzanne highlights the fear that infidelity brings into the relationship. She mentions about her uncertainty that she was safe in her marriage indicating loss of control of healthy sexual behaviours. Raghallaigh et al. (2017) argue that infidelity increases the risk of STI's thus increasing the risk of HIV. Similarly, Messersmith et al. (2017) found that men who had several sexual partners are at higher odds of committing IPV. Currently, approximately seven million individuals are infected by HIV in South Africa, such high incidences of HIV infections should raise an alarm and is a cause for concern (Yemeke et al., 2017). Considering that the participants were controlled in many aspects of their lives by their partners, there is a possibility that they were not using condoms to protect themselves and infidelity increased their odds of contracting STI's. Lince-Deroche et al. (2018) argue that abusive partners have multiple sexual partners and to test positive for HIV and are less likely to use condoms. Similarly, Mthembu et al. (2016) found that men who reported committing IPV acts were more likely to engage in other risky behaviours.

IPV as an institutionalised or structural phenomenon as a superordinate theme covered the broad beliefs, social values as well as representations about IPV and how these had an impact on the women's experiences of IPV. Values such as the high value placed on preserving the family unit were cited to have led to women staying longer in the abusive relationships as they tried to preserve their families. Public social representations of violence were found to have delayed the women in seeking help due to anticipated negative repercussions of disclosure of IPV experiences. Male dominance was stated to have enforced subservience and thus IPV which is central to the women's experiences of IPV.

5.3. Summary

This chapter presented the findings of the women's lived experiences of IPV. The themes that emerged from close scrutiny of the data were discussed and connected with related reviewed literature to highlight the findings of the study. These findings indicated the influence of early childhood experiences in the women's experiences of IPV. Relationship dynamics were discovered to provide a context where IPV was initiated and maintained. Community acceptance of violence, in general, was found to influence individual behaviours and tended to influence women to delay seeking help when faced with IPV. Societal norms and beliefs

about violence were found to permeate and shape the community and individual beliefs and behaviours.

In concluding this section, it is safe to advance the view that the experiences of women regarding IPV are largely regulated and mediated by structural factors that transcend the individual realm. Patriarchy and male chauvinism are deep-seated structural factors that shape how women experience the world. Efforts to curb toxic masculinities must address structural factors if meaningful change is to be achieved. The next chapter concludes the study by summarizing the research findings while providing recommendations for future investigations.

Chapter 6: Concluding the enquiry

The previous chapter presented the research findings which were synthesised with the reviewed literature within the ecological model and feminist theoretical framework. As explained in chapter one, the current study aimed to understand women's lived experiences of IPV at a non-profit organisation in Johannesburg, South Africa. In this chapter, a comprehensive summary of the study is set out through an overview of the study, summarizing the major findings, as well as offering recommendations. In addition, the limitations that were encountered are explained and the study contributions are clarified.

6.1. Overview of the study

The review of literature on gender-based violence brought insight about women's lived experiences of IPV. A number of gaps that were identified in the literature alluded that studies on IPV have been focussing on single factors in aetiology or maintenance of violence as such current study focused on the participants' lived experiences by acknowledging that different factors are at interplay in this phenomenon. This indicated a need to understand the complexity of social issues that are consequential in the understanding of lived experiences of women exposed to IPV.

The study was qualitative in nature, grounded in an interpretative phenomenological orientation. Feminist theory together with the ecological model as a framework was employed in this study to make sense of the research findings; the ecological model assisted in understanding how different factors are influential in the women's experiences of IPV.

In contributing to literature about violence against women, the study sheds a light in how different factors shape and influence the women's lived experiences of IPV.

6.2. Summarising the major findings

In this study, it was established that interpersonal violence occurs in complex ways and is influenced by factors at multiple levels of the ecological system that the couple is part of. These levels focus on the individual; their interpersonal relationships with the perpetrator and others; the immediate community; and society at large.

Early exposures to violence shaped the participants' lived experiences of IPV at the individual level. These experiences shaped how the women viewed and reacted to IPV. Traumatic experiences during childhood were found to shape attitudes that accepted IPV, but the presence of children aided or motivated the women to seek help so as to break the cycle of abuse. The co-occurrence of IPV with numerous responsibilities such as parenting and economic role stressors worsened the participants' psychological distress leading to negative mental health outcomes.

At the interpersonal level, the findings indicated that the couple's interactions and gender-influenced role assignments facilitated the participants' lived experiences of IPV in specific ways. This manifested via the divisions of labour, the role of alcohol consumption, and conflict handling in the relationship that aimed to undermine the women's capabilities. Failure to adhere to those expectations would be interpreted as violations which would often

result in IPV. Economic strains faced by the couple were found to cause conflict in the relationships and that would escalate to IPV. Another factor that was found to be a risk for the women was alcohol consumption by their partners as it would often lead to negative interactions and thus IPV.

The study found that the social environment that the women resided in had an influence on their experiences of IPV. The physical and social environment (place of residence and norms within that locale) influenced their experiences as it shaped their perceptions about violence, access to support and the impact that help resources had in the participants' IPV exposures. The findings indicated that beliefs that blame and stigmatize victims of IPV led to reluctance in disclosing IPV experiences consequently delaying help-seeking. The influence of informal support structures and the realisation that experiences of IPV were escalating led to pursuing formal help from nurses and police. However, police involvement was found to be unhelpful as it mostly preferred the women to solve their problems with their abusive partners, therefore, escalating the abuse. On the contrary, nurses' involvement was found to be helpful and led to the women exiting their abusive relationships.

This study also found that values and beliefs about family, social representations of violence as well as male superiority facilitated the women's experiences of IPV. Patriarchal norms characterised by male superiority was found to shape people's attitudes regarding social representations of IPV as these resulted in justifications and condoning the use of violence by the participants' partners. In the face of IPV experiences, the stigma associated with family dissolution meant that the participants had to preserve their nuclear families which delayed the women's exit out of the abusive relationships. This study found that experiences of IPV are facilitated by male superiority that manifests through restrictions and sabotages to the women's employment thus leading to economic dependency on the abusive partners.

The findings in this study indicated that women initially utilised informal support structures such as the immediate family and close friends when experiencing IPV. The influence of these structures was generally positive as they provided emotional and instrumental support. However, family support was found more inclined to reinforce acceptance of IPV as it pressurised the women to preserve their nuclear family structure thus delaying exiting abusive relationships.

This enquiry discovered that disclosing IPV experiences to nursing staff and law enforcement was prompted by various aspects. For example, serious injuries that could not be concealed to the medical staff resulted in disclosing IPV experiences. Various coping strategies were identified by the women and these included utilisation of help-seeking, hope that things will improve, religious practices and alcohol consumption.

These findings indicate that IPV exposure is an intricate issue that is moulded by several aspects at different levels as such tackling it requires multifaceted solutions. IPV, as it concerns women, is very structural in nature and a host of its determinants are upstream. Values, norms and beliefs in the society are the loci of all the other determinants. An in-depth understanding of women IPV experiences is incomplete without adopting a macro level lens as these are the antecedents in understanding micro-factors. This study has attempted to understand the day to day experiences of IPV victims through the macro perspective.

6.3. Recommendations related to the study

The findings indicate that interventions for IPV should consider that several elements interplay in the causation and maintenance of IPV. To that end, different ecological level interventions should be considered in addressing IPV. Kerman and Betrus (2018) maintain that prevention policies and programs targeting IPV should focus on tackling aspects at different levels of the ecological framework as a whole in order to sustain the prevention efforts over time.

6.3.1. At individual level

Since the study found that early childhood experiences influence experiences of IPV, early interventions and prevention programs are needed for both the women with lived experiences of IPV and their children exposed to abuse so as to break the cycle of abuse. This could be achieved by tailored therapy for both women survivors of IPV as well as their children instead of focusing on the women alone. The participants who had children indicated an awareness of how IPV has a negative influence on the children's development. Given that childhood exposure to domestic violence has negative effects well into adulthood, early interventions should be introduced for children at school as part of the curriculum to buffer these negative effects. The highest incidences of IPV in South Africa mean that interventions focusing on domestic violence should be presented in the foundation-phase syllabus to teach children in early years how to respond to parental IPV.

Another finding at the individual level was the presence of negative mental health outcomes ranging from fear, anxiety to depression due to experiences in childhood. These exacerbated the women's experiences of IPV. This finding indicates that interventions targeting survivors of IPV should target psychosocial approaches to treat various traumas that survivors of IPV might have been exposed to. Interventions should also focus on rebuilding the survivors' self-esteem and equipping them with skills to facilitate and rediscover their personal power in their lives, assertiveness and independence while acknowledging the women's resilience in coping and exiting the abusive relationships.

6.3.2. The interpersonal level

Findings indicated that gendered behavioural expectations exacerbated the women's IPV experiences. The findings at this level indicated that male dominance is embedded in the social structure and thus requires a change of cultural norms that shape gendered expectations, a factor that manifested at the societal level. This requires a deconstruction of gender norms as part of a broader societal intervention. The deconstruction will come about through open dialogues about IPV and in encouraging families to speak openly about domestic violence.

This study found that conflict arising from various issues often led to the women's IPV experiences. This indicates that couples should be encouraged to seek psychosocial help to deal with their everyday challenges to prevent these from leading to IPV. These psychosocial interventions could teach about positive and constructive conflict resolution strategies and communication styles that may buffer conflict.

The study established a three-fold relationship between IPV victimization, control and alcohol use. Firstly the participants stated that use of alcohol by their partners worsened their IPV experiences. This calls for interventions that address the role of alcohol in domestic violence such as mandating men who have been found guilty of IPV to attend mandatory intervention programmes to correct behaviour. Secondly, alcohol consumption was established to result in control issues for the women as their partners would utilise IPV as a way to get them to stop alcohol consumption. This indicates beliefs that men are allowed to consume alcohol while women are restricted. This requires a deconstruction of gender norms as part of a broader societal intervention. For both men and women, there are interventions that teach about the negative influences of alcohol abuse such as written warnings labels on containers of alcohol but these can be strengthened by using media to educate people more

about the negative outcomes of alcohol use. Thirdly, alcohol was also established to be a coping mechanism for women with experiences of IPV. Strategies could also target teaching adaptive coping skills, therefore, reducing survivors of IPV using alcohol as a coping mechanism. Currently, there are programmes that teach about the negative influence of alcohol on driving, similar interventions can be introduced teaching about the negative outcomes of alcohol on IPV.

6.3.3. The community level

This study found that due to perceived attitudes regarding violence at the community level, the participants feared sharing about their experiences due to stigma associated with IPV. These findings indicate that current community-level intervention strategies need to be tailored to raise awareness and education about violence between intimates to uncover the secrecy that characterises this type of violence. This can be achieved through community initiatives involving families to teach about IPV.

In this study, the significant role of social support networks in the women's IPV experiences was discovered. This requires creating safe places in a community context for women to talk about complex issues relating to IPV as this will help change norms regarding IPV and therefore educate other women to offer better support to women experiencing IPV. The role of healthcare professionals was found to be positive while police were found to be unhelpful. This means that healthcare settings used during prenatal visits should use that opportunity to screen women for IPV exposures and offer help where they have identified IPV experiences. Additionally, there is a need for collaborative interactions between professionals from different sectors to share knowledge and devise ways of strengthening the current policies on IPV.

This study established the part of religion is two-fold in the women's experiences of IPV. Firstly, religion was found to provide women with much needed emotional support during their IPV experiences through the social connections provided by belonging to a religious organization. On the other hand, religious beliefs were found to be a key predictor of women's acceptance of IPV due to teachings provided in religion. This calls for interventions that focus on collaborating with the various religious organisations in educating about the negative impact of IPV to help eliminate attitudes that accept IPV and strengthening the positive influences that religion provides to women facing IPV.

6.3.4. The societal level

Firstly, the study discovered that the women experienced various kinds of IPV and their relationships were characterised by power inequalities which were a result of male dominance. The researcher recommends that to achieve egalitarianism and emancipation of women, interventions that address the core of partner aggression, which is patriarchy, need to be strengthened. Interventions that aim to change social norms about masculinity and femininity involving men educating each other about the negative effects of masculinity and promoting equality in the family sphere already exist. There are non-profit organisations such as Sonke gender justice that aim to promote gender equality in this country. However, the rise in IPV statistics indicate that more still needs to be done. It would help if these organisations can get more funding to conduct interventions that involve families to install these values which may be strengthened by incorporating women's perceptions about their effectiveness since IPV victims are mostly women.

In this study, while religious beliefs were indicated to provide relief for survivors of IPV, they were also found to increase women's vulnerability to IPV. As this was already addressed at the community level, it is also important to address it at the societal level as well as religion is an institution at the societal level. Religion as an institution promotes family preservation and tends to be rigid towards marriage dissolution. In light of this, it was established that women are pressured to preserve the family unit even in situations characterised by IPV. This calls for changing traditional norms that are rigid to the dissolution of marriages including religious beliefs that are against divorce. Religious institutions need to be involved in addressing the importance of safety for women and young girls.

The influence of unemployment and economic challenges were found to be a risk for IPV and central to women's decision to stay in abusive relationships as the women had to financially depend on their abusive partners. Given the role that economic conditions played in increasing women's vulnerability of women to IPV, improving economic conditions for women has the potential to reduce IPV experiences. Economic emancipating of women will ensure that women are able to rely on their own financial provisions and end abusive relationships. This could be achieved by ensuring that girls have access to better education opportunities. This is due to the link between higher education attainment and better earnings in that higher levels of education increase the chances of obtaining better employment and

earnings which translates to self-sufficiency for women. For women who were already employed, as discovered in this study IPV negatively affected their jobs, there is need for involvement of employers in fighting gender-based violence through educating employees on domestic violence and providing psychosocial assistance programmes for working women affected by IPV.

In South Africa, unemployment rates are currently at 29% as of July 2019 which means many females are more vulnerable for IPV (Statssa, 2019). This calls for economic assistance for those who disclose IPV experiences and are facing financial difficulties. Regarding housing, currently, women exiting abusive relationships are provided with temporary residence in shelters due to financial constraints. However, the time allocated for their stay may not be sufficient for women to successfully acquire employment that may be adequate for independence, thus the government needs to increase financial support for shelters. For women who are unemployed, the government could also introduce an emergency fund to assist survivors of IPV to cover unexpected expenses while looking for employment. The South African government could assist employed survivors of IPV with subsidized housing for at least the period that they are faced with financial challenges.

This study found that social representations of violence permeate the relationship level and influence women's IPV experiences. This suggests that society has to be educated about the seriousness of IPV as a crime and reporting to police should be made mandatory for everyone who suspects that there is domestic violence occurring. Where there is an indication that IPV has occurred such as physical assaults, the government has to introduce a non-retraction policy for IPV cases as research has found that survivors may pursue assistance from law enforcement officials to escape the immediate danger and may not want the perpetrator to be arrested or prosecuted due to their financial dependence and for fear of retribution. This policy will ensure that even if the victim of IPV reconciles with the perpetrator, it has to be mandatory for them to seek relationship intervention to prevent reoccurrence of IPV. These mandatory programmes can also educate the couple of the negative effects of violence on their children's behavioural and mental well-being. This may help them in adopting attitudes rejecting of IPV.

This study found that police officers mainly made no arrests when responding to IPV but rather encouraged the couples to solve their conflict amicably. This is in contrast to the DVA (Act 116 of 1998) that stipulates the role of police in IPV. This illustrates that police officers

need regular training about their role in implementing this act (Act 116 of 1998) and be educated about the seriousness of IPV and its ramifications.

6.4. Limitations

This study highlighted various important aspects of women's lived experiences of IPV. However, it is vital to be mindful of the study's limitations. The study design was qualitative using purposive sampling thus the sample recruited was small and the findings cannot be generalized to be all-inclusive of people who have experiences of IPV. The use of semi-structured interviews for collecting data relied on self-reports from the participants and may have been affected by recall thus introduced bias into data. It has to be noted though that the study was about how women experienced and made sense of their experiences. Therefore, future studies could recruit participants that are currently in IPV characterised relationships and gather data from both perpetrators as well as victims of IPV. Gathering information from perpetrators of IPV may help us in understanding the complexities of this phenomenon and for possible interventions that may help perpetrators as well. How this can be achieved is through gathering data from those men who have been convicted of IPV.

Due to the study's distinct sample (shelter residents), the findings cannot be assumed to be representative at the national or global scale. For instance, the participants had exited their abusive relationships, were receiving psychological help from the social worker and as such their beliefs on help-seeking behaviours may have been different if they were still with their partners. Future studies can compare women's lived experiences from different ethnicities seeing that in this study it was only black women who were participants. Including and comparing how other ethnicities understand their experiences of IPV would add to our knowledge and help in developing relevant evidence-informed intervention programmes. Despite these limitations, the study produced contextual, in-depth insight on the participant's lived experiences of IPV at a non-profit organisation in Johannesburg, South Africa that is not otherwise available thus contributing to broadening the knowledge about IPV.

Thus, while the study might have limitations, it is instrumental in the contextual understanding of IPV in the South African context. After all, qualitative studies are not primarily invested in the generalizability of the findings – social phenomena are contextual and there are various nuances to each context. In conclusion, this study gave an in-depth contextual understanding about IPV on women in a particular environment, and the researcher is hopeful that the findings contribute, albeit at a smaller scale, to an understanding of IPV in certain contexts.

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Appendices

Appendix A: Letter for permission to conduct a research study

Dear Sir/Madam

My name is Bongiwe Bam. I am currently registered for a Master of Art Psychology degree at University of South Africa. As part of the requirements for this degree I must conduct a research study. The area that I have identified to conduct a research study is violence against women. The topic of my proposed study is understanding women's lived experiences of intimate partner violence.

I thereby ask permission to get access to the women that are currently residing in your facilities, have experienced domestic violence and are willing to participate in the research study. I will explain to those willing to participate that their participation is voluntary and whenever they wish to terminate participation they can do so without any negative implications in any manner.

The study will be conducted by me in the form of interviews. The interviews will take approximately one hour. The interviews will be audio-recorded and I will later transcribe them. The transcripts will be reported without any identifying remarks and names of the women. Feedback will be given back to all those who participate before the finalisation of the report. No monetary compensation will be given to those who participants but refreshments will be available after interviews as a token of appreciation for their time.

Yours faithfully

Bongiwe Bam

Appendix B: Informed consent form

I, the undersigned, authorise that (please tick box as appropriate):

1.	I was afforded time to read and understand the information about the study, as delivered by the researcher	<input type="checkbox"/>
2.	I was granted a chance to ask questions about the study and my participation.	<input type="checkbox"/>
3.	I freely choose to take part in the study after being briefed about the study by the researcher.	<input type="checkbox"/>
4.	I understand I can stop taking part at any time without giving reasons and that I will not be penalised for doing that nor will I be questioned on why I have stopped.	<input type="checkbox"/>
5.	The process of confidentiality has been clearly clarified (e.g. use of names, pseudonyms) to me.	<input type="checkbox"/>
6.	The consent for interviews by using audio recorder was explained to me.	<input type="checkbox"/>
7.	The use of the data in research, publications, sharing and archiving has been explained to me.	<input type="checkbox"/>
8.	It was explained to me that the supervisor of the researcher will have access to the information I provide only if they agree to afford me the confidentiality and if they agree to the terms I have specified in this form.	<input type="checkbox"/>
9.	I was made aware that participating in this research will not result in any payments.	<input type="checkbox"/>
10.	I together with the researcher, agreed to sign and date this informed consent form.	<input type="checkbox"/>

Participant:_____
Name of Participant_____
Signature_____
Date**Researcher:**_____
Name of Researcher_____
Signature_____
Date**Appendix C: Interview Schedule****Demographic information**

Age:

Pseudonym:

Education level:

Number of children:

Duration of the relationship:

Employment status:

Interview questions:

1. Individual questions

-Have you experienced any violence in childhood?

-Does your partner/ex-partner use any alcohol or drugs, if yes what role do you think these had in your relationship?

2. Interpersonal questions

-What would start conflict in your relationship?

-Has your partner ever use controlling tactics (methods) like going through your phone or wanting to know where you have been?

3. Community

-Are there services that you could report to when attacked by a partner in your community?

-What was your experience when reporting to the police/nurses?

4. Societal factors

-What are the attitudes of people in your community towards violence?

Understanding women's lived experiences of IPV

-Tell me about your thinking about gender-roles and how do you think these were in your relationship?

Appendix D: The table of master themes

Superordinate theme	Subtheme
Experiences of IPV at the individual level	<p>*Internalised views about childhood experiences of violence</p> <p>*The effect of mental health vulnerability on women's IPV experiences</p>
The influence of couple dynamics on the women's IPV experiences	<p>*The influence of gendered role expectations</p> <p>*The impact of household economic challenges on the women's relationship satisfaction</p> <p>*Influence of alcohol consumption on the women's experiences</p>
The influence of the residential environment on the women's experiences of IPV	<p>*The impact of availability of social networks on women's IPV experiences</p> <p>*The role of formal resources: The implications of their help on women's</p>

Understanding women's lived experiences of IPV

	experiences of IPV
IPV as a result of institutionalised structures	<p>*High value placed on preserving the family system</p> <p>*The influence of social representations of violence on the women's IPV experiences</p> <p>*Male dominance as central to women's experiences of IPV</p>

**Appendix
certificate**

E:

Ethics

clearance

Ref. No: PERC-17060



Ethical Clearance for M/D students: Research on human participants

The Ethics Committee of the Department of Psychology at Unisa has evaluated this research proposal for a Higher Degree in Psychology in light of appropriate ethical requirements, with special reference to the requirements of the Code of Conduct for Psychologists of the HPCSA and the Unisa Policy on Research Ethics.

Student Name: Bongiwe Bam

Student no. 49468790

Supervisor: Errolyn Long
UNISA

Affiliation: Department of Psychology,

Title of project:

Understanding women's lived experiences of intimate partner violence at a non-profit organisation in Johannesburg, South Africa.

The proposal was evaluated for adherence to appropriate ethical standards as required by the Psychology Department of Unisa. The application was approved by the Ethics Committee of the Department of Psychology on the understanding that –

- Because of the sensitivity of the information being sought and the fact that the participants come from a traumatised population, it is required that ethical principles related to informed consent, anonymity, confidentiality and the right of participants to withdraw from the research should be strictly enforced.
- If further counseling is required in some cases, the participants will be referred to appropriate counseling services.
- Any and all formal procedures that need to be followed to gain access to the participants and to obtain information for the purposes of research, as required by the management structures of the NGO, have been adhered to, and that the relevant authorities are aware of the scope of the research.

Signed:

 A handwritten signature in purple ink, which appears to read 'M Papaikonomou', is written over a light blue rectangular background.

Prof. M Papaikonomou

Date: 2017-10-23